

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000148683

1. Entity Name
STEVE JONES BUILDERS INC



Principal Place of Business
31250 DEAL DRIVE
MT PLYMOUTH, FL 32776 US

Mailing Address
31250 DEAL DRIVE
MT PLYMOUTH, FL 32776 US

FILED

06 MAY 26 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3747114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, STEVEN C
31250 DEAL DRIVE
MT PLYMOUTH, FL 32776

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JONES, STEVEN C
STREET ADDRESS 31250 DEAL DRIVE
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE ☐ Change ☐ Addition
NAME 500076158475
STREET ADDRESS 06/13/06--01047--002 **\$61.25
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HENSON, MATTHEW S
STREET ADDRESS 31250 DEAL DRIVE
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME LANNERT, RYAN M
STREET ADDRESS 31250 DEAL DRIVE
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE ☐ Change ☒ Addition
NAME KEVIN WAYNE WEED
STREET ADDRESS 31250 DEAL DRIVE
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE ☐ Delete
NAME *\$7615*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #