

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90100 001 \*\*\*150.00

<b>DOCUMENT # P06000076480</b> 1. Entity Name <b>LG CONSTRUCTION OF JAX INC</b>			
Principal Place of Business <b>10275 ST AUGUSTINE RD STE 312 JACKSONVILLE, FL 32257 US</b>		Mailing Address <b>10275 ST AUGUSTINE RD STE 312 JACKSONVILLE, FL 32257 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5526 CHAMBERS WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>5526 CHAMBERS WAY</b> Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE, FL</b> Zip <b>32257</b> Country <b>USA</b>		City & State <b>JACKSONVILLE, FL</b> Zip <b>32257</b> Country <b>USA</b>	
4. FEI Number <b>20-4381695</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GJOKAJ, LUAN 10275 ST AUGUSTINE RD STE 312 JACKSONVILLE, FL 32257</b>		7. Name and Address of New Registered Agent Name <b>LUAN GJOKAJ</b> Street Address (P.O. Box Number is Not Acceptable) <b>5526 CHAMBERS WAY</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32257</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S <b>GJOKAJ, LUAN</b> <b>10275 ST AUGUSTINE RD STE 312</b> <b>JACKSONVILLE, FL 32257</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S <b>GJOKAJ, LUAN</b> <b>5526 CHAMBERS WAY</b> <b>JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
<b>SIGNATURE:</b> <u>Luan Gjokaj</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/22/07</u> <u>904-994-4755</u> <small>Date Daytime Phone #</small>	