

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000113452 -

1. Entity Name
J. AND N. CONSTRUCTION MANAGEMENT INC



FILED

07 JUN 11 PM 1:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



06062007 Chg-P CR2E034 (12/06)

Principal Place of Business
4912 LAKE HAVEN BLVD
SEBRING, FL 33875

Mailing Address
4912 LAKE HAVEN BLVD
SEBRING, FL 33875

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-5768478

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

NUNEZ, CARLOS
4912 LAKE HAVEN BLVD
SEBRING, FL 33875

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NUNEZ, CARLOS
4912 LAKE HAVEN BLVD.
SEBRING, FL 33875 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE President
DEBORAH NUNEZ
4912 LAKE HAVEN BLVD.
SEBRING FL 33875 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MUNEZ, AURORA
4912 LAKE HOUSE BLVD.
SEBRING, FL 33875 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
LUIS GULMAN
5703 WOLF LAKE
SEBRING FL 33875 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000104423740
06/15/07--01021--009 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$6/11 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH NUNEZ

Date

3/15/07

Daytime Phone #

9548220537