

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000136919

1. Entity Name
E.T. CONSTRUCTION & PROPERTY SERVICES, INC.



FILED
Apr 21, 2008 08:00 AM
Secretary of State

Principal Place of Business
13724 MACAPA ROAD
JACKSONVILLE, FL 32224

Mailing Address
13724 MACAPA ROAD
JACKSONVILLE, FL 32224



DO NOT WRITE IN THIS SPACE

04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5794343

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOZO, TERESA
13724 MACAPA ROAD
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

DATE
000000909180
05/06/08-80060-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOZO, TERESA
STREET ADDRESS 13724 MACAPA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VPD
NAME JERKINS, ED
STREET ADDRESS 13724 MACAPA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 all other like empowered.

SIGNATURE:

Teresa Mozo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

964-223-2988

Daytime Phone #