

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P24847**

1. Entity Name  
**F.J.B. CONSTRUCTION, INC.**



Principal Place of Business  
 20195 YOUPON  
 PORTER, TX 77365 US

Mailing Address  
 20195 YOUPON  
 PORTER, TX 77365 US

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0034978**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNDRETTE, FRED 15950 PINEWOOD DRIVE PORTER, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROSS, LINDA 9793 TWIN SHORES WILLIS, TX 77378
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000296484  
 04/09/05-80071-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **4-6-05 2814294072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #