

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90018 022 ***150.00

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1. Entity Name

JULIAN SCAFF CONSTRUCTION, INC.



Principal Place of Business

43457 RATLIFF RD.
CALLAHAN FL 32011
US

Mailing Address

43457 RATLIFF RD.
CALLAHAN FL 32011
US



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

613957 River Road
Suite, Apt. #, etc.

3. Mailing Address

613957 River Road
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Callahan, FL

City & State

Callahan, FL

4. FEI Number

59-3216750

Applied For

Not Applicable

Zip 32011

Country USA

Zip 32011

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCAFF, AUDREY J JR.
43457 RATLIFF RD.
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

Same

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

613957 River Road

City

Callahan

FL

Zip Code

32011

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

Audrey J. Scaff Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-01-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCAFF, AUDREY J JR.
STREET ADDRESS 43457 RATLIFF RD.
CITY- ST- ZIP CALLAHAN FL 32011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME > SAME
STREET ADDRESS 613957 River Road
CITY- ST- ZIP Callahan, FL 32011 ☒ Change ☐ Addition

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

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

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

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

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 Section 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:

Audrey J. Scaff Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-07

Date

904-879-3362

Daytime Phone #