

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000061318

1. Entity Name
JACKSONVILLE EIGHTEEN CONSTRUCTION, INC.



Principal Place of Business
**345 CUMBERLAND INDUSTRIAL CT
BLDG #A
SAINT AUGUSTINE, FL 32095**

Mailing Address
**345 CUMBERLAND INDUSTRIAL CT
BLDG #A
SAINT AUGUSTINE, FL 32095**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3269666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, EDWARD D
345 CUMBERLAND INDUSTRIAL CT
#A
SAINT AUGUSTINE, FL 32095**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, EDWARD D PRES
STREET ADDRESS	345 CUMBERLAND INDUSTRIAL CT., BLDG #A
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	ST
NAME	WRIGHT, JANET SEC/TRE
STREET ADDRESS	345 CUMBERLAND INDUSTRIAL CT., BLDG. #A
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	VP
NAME	CARROLL, STEVEN A VP
STREET ADDRESS	345 CUMBERLAND INDUSTRIAL CT., BLDG. #A
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	AS
NAME	BESCH, NICOLE AST SEC
STREET ADDRESS	345 CUMBERLAND INDUSTRIAL CT., BLDG. A
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80041-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Janet Wright **Janet Wright**

1/5/07 **1/5/07**

904-810-1925 **904-810-1925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #