


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 007 ***150.00

DOCUMENT # P94000052165		
1. Entity Name JOS CONSTRUCTION CO., INC.		

Principal Place of Business 1860 N.W. 43RD ST. OAKLAND PARK, FL 33309	Mailing Address 1860 N.W. 43RD ST. OAKLAND PARK, FL 33309
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2. Principal Place of Business - No P.O. Box # 4053 NE 6th Ave	3. Mailing Address 4053 NE 6th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State Oakland Pk FL	City & State Oakland Pk, FL
Zip 33334	Zip 33334
Country US	Country

6. Name and Address of Current Registered Agent SOBOL, JOHN O 1860 N.W. 43RD ST. OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name: John O. Sobol Street Address (P.O. Box Number is Not Acceptable) 4053 NE 6th Ave City: Oakland Pk FL Zip Code: 33334	
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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 and accepting the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SOBOL, JOHN O 1860 N.W. 43RD ST. OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SOBOL, SAURA M 1860 N.W. 43RD ST. OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  John O. Sobol	1-23-08 954-7723242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #