2006 FOR PROFIT CORPORATION _ ANNUAL REPORT

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SIGNATURE: _

an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P95000018259 02-21-2006 90025 041 ***150.00 1. Entity Name J. GÉORGE CONSTRUCTION, INC. Mailing Address Principal Place of Business 4342 PIERMONT CT 4342 PIERMONT CT ORLANDO, FL 32817 US ORLANDO, FL 32817 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 59-3297224 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE 2~ いそこ GEORGE, JAMES Street Address (P.O. Box Number is Not Acceptable) 4342 PIERMONT CT 345 LAKE ORLANDO, FL 32817 City OCOEE 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 egister SIGNATURE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PDS Change ☐ Addition Delete TITLE TITI F NAME GEORGE, JAMES NAME STREET ADDRESS STREET ADDRESS 4342 PIERMONT CT ORLANDO, FL 32817 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP 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

JAMES GEORGE 2/13/

FILED

Feb 21, 2006 8:00 am