2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020306

Entity Name: JKS BUILDERS, INC.

City-St-Zip:

FILED Jan 24, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
6353 ARGYLE FOREST BLVD				7855 ARGYLE FOREST BLVD.				
#2 JACKSON	IVILLE, FL 322	44 US		803 JACKSON	VILLE, FL	32244 L	JS	
Current M	lailing Addres	New Mailing Address:						
6353 ARGYLE FOREST BLVD				7855 ARGYLE FOREST BLVD.				
#2 JACKSONVILLE, FL 32244 US				803 JACKSONVILLE, FL 32244 US				
FEI Number:	: 59-3358203	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certific	ate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SHACKELFORD, KAREN 6353 ARGYLE FOREST BLVD				SHACKELFORD, KAREN 7855 ARGYLE FOREST BLVD.				
#2 JACKSONVILLE, FL 32257 US				803 JACKSONVILLE, FL 32257 US				
	named entity se of Florida.	submits this statement for th	ne purpose o	f changing i	its registere	ed office or	registered age	nt, or both,
SIGNATURE:				01/24/2006				
	Electron	ic Signature of Registered	Agent				Date	
Election Car	mpaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	SHACKELFORE	NTATION DRIVE		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	SHACKELFORE	NTATION DRIVE		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address:	()	Delete		Title: Name: Address:	2VP HODGE, TI 6233 DUCI	RAVIS R	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

JACKSONVILLE, FL 32244

SIGNATURE: JERRY SHACKELFORD VP 01/24/2006