

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000006511

1. Entity Name  
JS BUILDERS OF NORTHERN FLORIDA, INC.



Principal Place of Business

PO BOX 1778  
MAYO, FL 32066

Mailing Address

PO BOX 1778  
MAYO, FL 32066

**FILED**  
2008 SEP -8 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2072578	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

SINGLETARY, JOHN  
226 NW BLOXHAM ST  
MAYO, FL 32066

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**500135606565**

**09/09/08--01032--003 \*\*150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SINGLETARY, JOHN D 1225 NW CR 348 MAYO, FL 32066
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SINGLETARY, TINA B 1225 NW CR 348 MAYO, FL 32066
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**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: John D. Singletary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-08

Date

386-294-1929

Daytime Phone #