


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 023 ***150.00

DOCUMENT # P98000070573	
1. Entity Name SUBSTANTIAL COMPLETION, INC.	

Principal Place of Business 8400 PENNY PLACE MACLENNY, FL 32063 US	Mailing Address 8400 PENNY PLACE MACLENNY, FL 32063 US
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2. Principal Place of Business 8048 Grift Mill Lane Suite, Apt. #, etc.	3. Mailing Address 8048 Grift Mill Lane Suite, Apt. #, etc.
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City & State Glen St Mary, FL	City & State Glen St Mary, FL
Zip 32040 Country Baker	Zip 32040 Country Baker

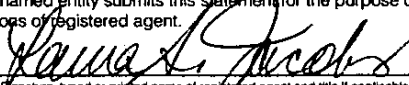


01042006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3528283	Applied For <input type="checkbox"/> Not Applicable
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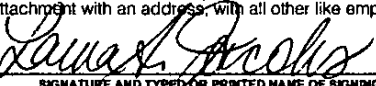
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOBS, LAURA A 8400 PENNY PLACE MACLENNY, FL 32063	7. Name and Address of New Registered Agent Name Laura A Jacobs Street Address (P.O. Box Number is Not Acceptable) 8048 Grift Mill Lane City Glen St Mary FL Zip Code 32040
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  Laura A Jacobs President	DATE: 1-5-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P JACOBS, LAURA A 8400 PENNY PLACE MACLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8048 Grift Mill Lane Glen St Mary, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, JAY A 8400 PENNY PLACE MACLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8048 Grift Mill Lane Glen St Mary, FL 32040
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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
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
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:  Laura A Jacobs	DATE: 1-5-06	DAYTIME PHONE #: 904-259-0705	