

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2006 08:00 AM^{ATX}
Secretary of State

DOCUMENT # P98000097725
1. Entity Name
JOHN W. BOLEY CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3987 KARISSA ANN PLACE EAST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State
Zip 32223	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name John W Boley	
Street Address (P.O. Box Number is Not Acceptable) 3987 Karissa Ann Place E	
City Jacksonville	FL Zip Code 32223

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.	John W Boley President 4/1/2006 (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN W BOLEY 3897 KARISSA ANN PLACE E JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000490982 04/19/06-80004-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RONALD A STIDHAM 3691 CAMERON CROSSING DR JACKSONVILLE F	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNDER SECRETARY MIKE REES 3987 KARISSA ANN PLACE E JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT	4/1/06	904-260-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date	Daytime Phone #	