
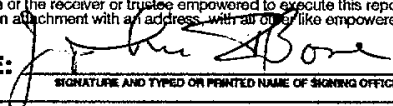


Apr 28,
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DOCUMENT # P99000059946			
1. Entity Name JNJ CONSTRUCTION, INC.			
Principal Place of Business 2361 WEKIVA WALK WAY APOKA, FL 32703		Mailing Address 165 CIRCLE HILL RD SANFORD, FL 32773	
DO NOT WRITE IN THIS SPACE			
		04262004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3585497		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IBONE, JAMIE 2361 WEKIVA WALK WAY APOKA, FL 32703		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD IBONE, JOHN 165 CIRCLE HILL RD SANFORD, FL 32773		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD IBONE, BARBARA 165 CIRCLE HILL RD SANFORD, FL 32773		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/26/04 407-324-7077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	