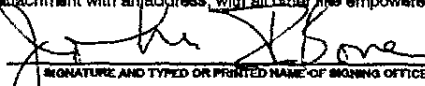


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000059946 1. Entity Name JNJ CONSTRUCTION, INC.		
Principal Place of Business 2361 WEKIVA WALK WAY APOPKA, FL 32703		Mailing Address 165 CIRCLE HILL RD SANFORD, FL 32773
DO NOT WRITE IN THIS SPACE		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 APOPKA, 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 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 info empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/4/05 407-324-7077 Date Daytime Phone #



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3585497	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

000000380340
01/11/06-80010-004 150.00

**DO NOT WRITE
IN THIS SPACE**