

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059946

Entity Name: JNJ CONSTRUCTION, INC.

FILED  
Aug 16, 2008  
Secretary of State

## Current Principal Place of Business:

2443 PONKAN SUMMIT DR  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

2443 PONKAN SUMMIT DR  
APOPKA, FL 32712

## New Mailing Address:

FEI Number: 59-3585497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: IBONE, JAMIE  
Address: 2443 PONKAN SUMMIT DR  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: IBONE, JOHN  
Address: 165 CIRCLE HILL RD  
City-St-Zip: SANFORD, FL 32773

Title: STD ( ) Delete  
Name: IBONE, BARBARA  
Address: 165 CIRCLE HILL RD  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE IBONE

PD

08/16/2008

Electronic Signature of Signing Officer or Director

Date