2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$86318 Apr 23, 2007 08:00 AM Secretary of State CONSTRUCTION PROFESSIONALS OF JACKSONVILLE. INC. Principal Place of Business Mailing Addross 1942 GROVE BLUFF CIR W PO BOX 600253 JACKSONVILLE FL 32260 JACKSONVILLE FL 32259 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, otc Suite, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3094223 Not Applicable Żip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo NIPPER, JAMES L. Stroot Address (P.O. Box Number is Not Acceptable) 200 WEST FORSYTH ST. **SUITE 1004** JACKSONVILLE FL 32202 City Zip Code 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 filte it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΠP TITLE Delete TITLE ☐ Change ☐ Addition ENSZ, RICHARD L NAME NAME U00000722133 1942 GROVE BLUFF CIR W STREET ADDRESS STREET ADDRESS 05/02/07-80019-018 150.00 JACKSONVILLE FL 32259 CHY-SI-7IP CITY-S1-7IP ST THILE ☐ Delete THE ☐ Change Addition ENSZ, LORRAINE NAME. 1942 GROVE BLUFF CIR W STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 CHY-SI-ZIP CITY-ST-7IP iina Li Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete DITE ☐ Change ☐ Addition NAME STREET LADDRESS STREET ADDRESS CITY+S1-7IP CITY-ST-ZIP Defele MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST- ZIP THE Delete IIIE Change ☐ Addition NAMI NAM STRILLI ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP

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12. I horoby corlify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 eath; 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 Statutos; 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