


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S86318</b>		
1. Entity Name CONSTRUCTION PROFESSIONALS OF JACKSONVILLE, INC.		
Principal Place of Business 1942 GROVE BLUFF CIR W JACKSONVILLE, FL 32259 US	Mailing Address PO BOX 600253 JACKSONVILLE, FL 32260 US	



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3094223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  NIPPER, JAMES L. 200 WEST FORSYTH ST. SUITE 1004 JACKSONVILLE, FL 32202
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000821755  
02/19/08-80040-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENSZ, RICHARD L 1942 GROVE BLUFF CIR W JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ENSZ, LORRAINE 1942 GROVE BLUFF CIR W JACKSONVILLE, FL 32259
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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 like empowered.

**SIGNATURE:** *Richard L. Ensz* **Richard L. ENSZ** 2-7-08 904-742-5355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #