


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 019 ***150.00


DOCUMENT # P02000067272

1. Entity Name
JEFFERSON COUNTY CONSTRUCTION, INC.



Principal Place of Business 1689 OLD LLOYD RD MONTICELLO, FL 32344	Mailing Address 1689 OLD LLOYD RD MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3068280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent

FOUNTAIN, JAMES T
 1689 OLD LLOYD RD
 MONTICELLO, FL 32344

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FOUNTAIN, JAMES T 1689 OLD LLOYD RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIS, JOHNNIE L 685 MULBERRY ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COEN, SCOTT M 1761 OLD LLOYD RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *James T. Fountain* **2-19-04 997-6463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #