


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 75-3068280

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 FOUNTAIN, JAMES T
 1689 OLD LLOYD RD
 MONTICELLO, FL 32344

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | 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 | |

01/24/05-80095-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #