


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90020 035 ***155.00

DOCUMENT # P02000067272 1. Entity Name JEFFERSON COUNTY CONSTRUCTION, INC.	
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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

40010070



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3068280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 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	TD FOUNTAIN, JAMES T 1689 OLD LLOYD RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, JOHNNIE L 685 MULBERRY ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COEN, SCOTT M 1761 OLD LLOYD RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZGERALD, BRIAN P.O. BOX 1237 MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: James T. Fountain 1-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #