

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 250371

1. Entity Name
FERGUSON'S, INC.



Principal Place of Business
**1315 W. NEW HAVEN AVE
MELBOURNE, FL 32934 US**

Mailing Address
**P.O BOX 1166
MELBOURNE, FL 32902-1166 US**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0939564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HELTON, RINALDI & CO.
19 EAST MELBOURNE AVENUE
MELBOURNE, FL 32901**

**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, 2007 Fee will be \$550.00**

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

U00000622359
02/13/07-80022-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FERGUSON, S. DEREK
STREET ADDRESS	1315 W. NEW HAVEN AVE.
CITY-ST-ZIP	W. MELBOURNE, FL
TITLE	DP
NAME	FERGUSON, GENE
STREET ADDRESS	1315 W NEW HAVEN AVE
CITY-ST-ZIP	W MELBOURNE, FL 00000.
TITLE	ST
NAME	FERGUSON, CHERYL
STREET ADDRESS	1315 W. NEW HAVEN AVE.
CITY-ST-ZIP	W. MELBOURNE, FL
TITLE	VP
NAME	FERGUSON, DEREN S
STREET ADDRESS	1315 W. NEW HAVEN AVE.
CITY-ST-ZIP	W. MELBOURNE, FL 32901
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:

Cheryl Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Ferguson

1/31/07

(321) 723-5426

Date

Daytime Phone #