


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 023 ***150.00

DOCUMENT # 390588 1. Entity Name J.D. JERVEY AND COMPANY, INC.	
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Principal Place of Business 1900 FARRAGUT PLACE PO DRAWER 10519 JACKSONVILLE, FL 32207	Mailing Address 1900 FARRAGUT PLACE PO DRAWER 10519 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1365080	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

JERVEY, PAMELA T
1900 FARRAGUT PLACE
P O DRAWER 10519
JACKSONVILLE, FL 32207

**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. <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	SD JERVEY, JAY D 1900 FARRAGUT PLACE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JERVEY, PAMELA TAYLOR 1900 FARRAGUT PLACE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, JOHN H III 1705 JANSSEN DRIVE LINCOLN, NE 68506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1016 Brg Canyon Dr. Flower Mound, TX 75028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Pamela Jervy - President 4-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #