2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 833790

Entity Name: JENKINS BRICK COMPANY

Current Principal Place of Business:

2866 THARPE STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 91
MONTGOMERY, AL 36101 US

New Mailing Address:

FEI Number: 63-0110960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVE, TERRY
2866 THARPE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: JENKINS, JOHN M
Address: 201 6TH STREET NORTH
City-St-Zip: MONTGOMERY, AL 36104

Title: EVPC ( ) Delete
Name: ANDREADES, TOMMY G
Address: 201 6TH STREET NORTH
City-St-Zip: MONTGOMERY, AL 36104

Title: SVPD ( ) Delete
Name: HAWK, LEON
Address: 201 6TH STREET NORTH
City-St-Zip: MONTGOMERY, AL 36104

Title: SVDS ( ) Delete
Name: WATSON, NORRIS
Address: 201 6TH STREET NORTH
City-St-Zip: MONTGOMERY, AL 36104

Title: VP ( ) Delete
Name: JENKINS, JIM V
Address: 201 6TH STREET NORTH
City-St-Zip: MONTGOMERY, AL 36104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: JENKINS, JM V
Address: 201 6TH STREET NORTH
City-St-Zip: MONTGOMERY, AL 36104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY G. ANDREADES EVPC 03/30/2009

Electronic Signature of Signing Officer or Director Date