

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90277 009 ***150.00

DOCUMENT # H76780
 1. Entity Name
FERGUSON-JACKSON CORPORATION



Principal Place of Business: **840 FERNDAL AVE. ROCKLEDGE FL 32955 US**
 Mailing Address: **1840 TIMBERS WEST ROCKLEDGE FL 32955**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
FERGUSON, CLARENCE
1840 TIMBERS WEST BLVD.
ROCKLEDGE FL 32955

4. FEI Number: **59-2616627**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FERGUSON, SUSIE STREET ADDRESS: 1840 TIMBERS WEST CITY-ST-ZIP: ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE: DS NAME: FERGUSON, CLARENCE STREET ADDRESS: 1840 TIMBERS WEST BLVD. CITY-ST-ZIP: ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE: DV NAME: JACKSON, RUTH STREET ADDRESS: 621 GEORGIA AVE. CITY-ST-ZIP: COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE: DCT NAME: JACKSON, R.L. SR. STREET ADDRESS: 621 GEORGIA AVE. CITY-ST-ZIP: COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: Roderick S. Ferguson STREET ADDRESS: 4097 San Beluga Way CITY-ST-ZIP: Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DCT NAME: Deborah F. Yarbrough STREET ADDRESS: 1089 Fairlawn Drive CITY-ST-ZIP: Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Clarence Ferguson 4-9-05 321-631-9450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #