


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90121 049 \*\*\*150.00

<b>DOCUMENT # H76780</b>			
1. Entity Name <b>FERGUSON-JACKSON CORPORATION</b>			
Principal Place of Business <b>840 FERDALE AVE. ROCKLEDGE FL 32955 US</b>		Mailing Address <b>1840 TIMBERS WEST ROCKLEDGE FL 32955</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2616627</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>FERGUSON, CLARENCE 1840 TIMBERS WEST BLVD. ROCKLEDGE FL 32955</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	<b>FL</b>	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, 2006 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, SUSIE			NAME			
STREET ADDRESS	1840 TIMBERS WEST			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, CLARENCE			NAME			
STREET ADDRESS	1840 TIMBERS WEST BLVD.			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<del>DV</del>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERGUSON, ROKERICK S			NAME	<b>FERGUSON, ROKERICK S.</b>		
STREET ADDRESS	4097 SAN BELUGA WAY			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	DCT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARBROUGH, DEBORAH F			NAME			
STREET ADDRESS	1089 FAIRLAWN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 ~~the~~ empowered.

SIGNATURE: Clarence Ferguson **2-20-06 (321)631-9450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #