


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 A
Secretary of State

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number **59-2616627**

Applied For
 Not Applicable

1st MOORE CR2E034 (10/06)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, CLARENCE
 1840 TIMBERS WEST BLVD.
 ROCKLEDGE FL 32955**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	FERGUSON, SUSIE	1840 TIMBERS WEST	ROCKLEDGE FL 32955	<input type="checkbox"/>
DS	FERGUSON, CLARENCE	1840 TIMBERS WEST BLVD.	ROCKLEDGE FL 32955	<input type="checkbox"/>
DV	FERGUSON, RODERICK S	4097 SAN BELUGA WAY	ROCKLEDGE FL 32955	<input type="checkbox"/>
DCT	YARBROUGH, DEBORAH F	1089 FAIRLAWN DRIVE	ROCKLEDGE FL 32955	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLARENCE FERGUSON

Date: **2-12-07** Daytime Phone #: **321-631-945**