


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H76780			
1. Entity Name FERGUSON-JACKSON CORPORATION			
Principal Place of Business 840 FERNDALE AVE. ROCKLEDGE FL 32955 US		Mailing Address 1840 TIMBERS WEST ROCKLEDGE FL 32955	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
4. FEI Number 59-2616627 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD FERGUSON, SUSIE 1840 TIMBERS WEST ROCKLEDGE FL 32955	TITLE	000000880985 04/15/08-80084-015 150.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS FERGUSON, CLARENCE 1840 TIMBERS WEST BLVD. ROCKLEDGE FL 32955	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV FERGUSON, RODERICK S 4097 SAN BELUGA WAY ROCKLEDGE FL 32955	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DCT YARBROUGH, DEBORAH F 1089 FAIRLAWN DRIVE ROCKLEDGE FL 32955	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E034 (10/07)

SIGNATURE:

Clarence Ferguson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 (321) 631-9450
 Date Daytime Phone #

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.