

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90033 007 \*\*\*158.75

**DOCUMENT # J19270**

1. Entity Name  
**JEFF DYSON CONSTRUCTION, INC.**



Principal Place of Business

**395 CORPORATE WAY  
ORANGE PARK, FL 32073 US**

Mailing Address

**C/O DAVID A. KING, ATTORNEY  
1416 KINGSLEY AVENUE  
ORANGE PARK, FL 32073**

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

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2669996**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID A. KING  
ATTORNEY AT LAW  
1416 KINGSLEY AVENUE  
ORANGE PARK, FL 32073**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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
NAME	DYSON, JEFFERY D.	
STREET ADDRESS	395 CORPORATE WAY	
CITY, ST, ZIP	ORANGE PARK, FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	DYSON, DONNA R	
STREET ADDRESS	395 CORPORATE WAY	
CITY, ST, ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete
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CITY, ST, ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X Donna R Dyson Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/08*

(904) 278-1736