


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000104076

1. Entity Name
JIMMY JERRELS PAVING, INC.



Principal Place of Business
**370 N. HATHAWAY AVE.
BRONSON, FL 32621**

Mailing Address
**370 N. HATHAWAY AVE.
BRONSON, FL 32621**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3683153

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKOY, DOUGLAS K
10150 NE 117TH CT.
BRONSON, FL 32621**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PR JERRELS, JIMMY JR 5890 NE 92ND COURT BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKAY, DOUGLAS M 11550 NE 105TH STREET BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKAY, DOUGLAS K 10150 NE 117TH COURT BRONSON, FL 32621
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IN THIS SPACE**

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03/20/06-80082-010 150.00

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: Douglas K. McKay _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____