2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000007434 1. Entity Name VAN JACKSON CONSTRUCTION COMPANY, INC. 06 FEB 14 PM 1:22 Principal Place of Business Mailing Address SECRETARY OF STATE 2065 EDENFIELD RD TALLAHASSEE FL 32308 ALLAHASSEE, FLORIDA 2065 EDENFIELD RD TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3710401 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, ROYCE V JR. Street Address (P.O. Box Number is Not Acceptable) 2065 EDENFIELD RD. TALLAHASSEE FL 32308 City 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 reinstating) After May 1, 2006 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ____ Change TITLE ☐ Delete TITLE ☐ Addition NAME ~ JACKSON, ROYCE V JR NAME 02/22/06--01026--015 **150.00 2065 EDENFIELD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7/P TITLE ☐ Delete ☐ Change TITLE Addition JACKSON, HELEN NAME **700066333507** 02/22/06--01026--016 **8,75 NAME STREET ADDRESS 2065 EDENFIELD RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Sieve Bailey 8164 Meridale Ar ___ Delete ____ TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS Tallymassee Floridy 32311 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: Royce Jackson, SR. Koyce Man MCKOON, JA. 2/14/06 850-567-4401
SIGNATURE: Royce Jackson, SR. Koyce Man MCKOON, JA. 2/14/06 850-567-4401
Date Despire Prone #