

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90024 029 \*\*\*150.00

<b>DOCUMENT # P01000069581</b> 1. Entity Name <b>JEFF CAMPBELL CONSTRUCTION, INC.</b>					
Principal Place of Business <b>4817 NESMITH RD. PLANT CITY, FL 33567</b>			Mailing Address <b>4817 NESMITH RD. PLANT CITY, FL 33567</b>		
2. Principal Place of Business <b>2813 Nesmith Estates</b>		3. Mailing Address <b>2813 Nesmith Estates Ln</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Plant City, FL</b>		City & State <b>Plant City, FL</b>		4. FEI Number <b>59-3733994</b>	
Zip <b>33566</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, JEFF 4817 NESMITH RD. PLANT CITY, FL 33567</b>		7. Name and Address of New Registered Agent Name <b>Jeff Campbell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2813 Nesmith Estates Lane</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33566</b>			
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: <u><i>Jeff Campbell</i></u> DATE: <u>3-10-04</u> <small>Signature, Word or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JEFF 4817 NESMITH RD. PLANT CITY, FL 33567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPBELL, CHERIE 4817 NESMITH RD. PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S T 2813 Nesmith Estates Lane Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Jeff Campbell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>3-10-04</u> (813) 716-5134 <small>Date Daytime Phone #</small>			