


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90052 012 \*\*\*150.00

<b>DOCUMENT # P01000069581</b> 1. Entity Name <b>JEFF CAMPBELL CONSTRUCTION, INC.</b>																															
Principal Place of Business <b>2813 NESMITH ESTATES PLANT CITY, FL 33566</b>		Mailing Address <b>2813 NESMITH ESTATES PLANT CITY, FL 33566</b>																													
2. Principal Place of Business <b>4823 Seth Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>4823 Seth Lane</b> Suite, Apt. #, etc.																													
City & State <b>Plant City, FL</b> Zip Country <b>33565 Hillsborough</b>		City & State <b>Plant City, FL</b> Zip Country <b>33565 Hillsborough</b>																													
4. FEI Number <b>59-3733994</b>		Applied For <input type="checkbox"/> Not Applicable																													
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 2813 NESMITH ESTATES LANE PLANT CITY, FL 33566</b>		7. Name and Address of New Registered Agent Name <b>Campbell, Jeff</b> Street Address (P.O. Box Number is Not Acceptable) <b>4823 Seth Lane</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33565</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: <i>Jeff Campbell</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>2-16-05</i>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Jeff Campbell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2-16-05</i> Daytime Phone #: <i>(813) 716-5134</i>																													