2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000069581

1. Entity Name

JEFF CAMPBELL CONSTRUCTION, INC.



Principal Place of Business

4823 SETH LANE PLANT CITY, FL 33565 Mailing Address

4823 SETH LANE PLANT CITY, FL 33565



02-23-2007 90030 012 ***150.00



02052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3733994

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JEFF 4823 SETH LANE PLANT CITY, FL 33565			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ad Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST (1964) CAMPBELL, JEFF 4823 SETH LANE PLANT CITY, FL 33565		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 %		•
TITLE NAME STREET ADDRESS	•				

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:

CITY-ST-ZIP

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07

(813)716-5134

Daytime Phone #