


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90034 006 ***150.00

DOCUMENT # P02000134236	
1. Entity Name RICHARD JEFFCOAT, INC	

Principal Place of Business 13235 SE 110TH CT OCKLAWAHA, FL 32179	Mailing Address PO BOX 744 OCKLAWANA, FL 32183
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2. Principal Place of Business 5878 SE 165th Terr	3. Mailing Address PO Box 744
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocklawaha, FL	City & State Ocklawaha, FL
Zip 32183	Zip 32183
Country marion	Country marion

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1143134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JEFFCOAT, SUSANNE 13235 SE 110TH COURT OCKLAWAHA, FL 32179	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE JEFFCOAT, RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFCOAT, RICHARD		NAME	
STREET ADDRESS 13235 SE 110TH COURT		STREET ADDRESS	
CITY-ST-ZIP OCKLAWAHA, FL 32179		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE JEFFCOAT, SUSANNE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFCOAT, SUSANNE		NAME	
STREET ADDRESS 13235 SE 110TH COURT		STREET ADDRESS	
CITY-ST-ZIP OCKLAWAHA, FL 32179		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Susanne Jeffcoat Susanne Jeffcoat 1/10/06 352-427-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-626-2505