

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91044 034 \*\*\*158.75

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P03000107058</b><br>1. Entity Name<br><b>JERRY REYNOLDS CONSTRUCTION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>3301 JOSE SANCHEZ ROAD<br/>PLANT CITY, FL 33565</b>   |  |   | Mailing Address<br><b>3301 JOSE SANCHEZ ROAD<br/>PLANT CITY, FL 33565</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent   |  |
| REYNOLDS, ALICE<br>3301 JOSE SANCHEZ ROAD<br>PLANT CITY, FL 33565   |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D. REYNOLDS, JERRY L <input type="checkbox"/> Delete<br>3301 JOSE SANCHEZ ROAD<br>PLANT CITY, FL 33565 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | VP. Randy Camp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2640 Fritzke Road<br>Dover, Florida 33527                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D. REYNOLDS, ALICE <input type="checkbox"/> Delete<br>3301 JOSE SANCHEZ ROAD<br>PLANT CITY, FL 33565   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | VP David Holmes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>11165 131 <sup>st</sup> Avenue North<br>Largo, Florida 33778                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | Assistant Treasurer Bobbi Camp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2640 Fritzke Road<br>Dover, Florida 33527                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | Assistant Secretary Terri Holmes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>11165 131 <sup>st</sup> Avenue North<br>Largo, Florida 33778 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>Jerry L. Reynolds</u> <i>Jerry L. Reynolds, President</i> 04/22/04 (H13) 659-0043<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |  |