2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124472

1. Entity Name

JERRY ETHERIDGE CONSTRUCTION, INC.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business 1109 QUIET CREEK RD PENSACOLA, FL 32514 Mailing Address

1109 QUIET CREEK RD PENSACOLA, FL 32514



DO NOT WRITE IN THIS SPACE

 03012007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 58-2678530
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, JERRY 1109 QUIET CREEK RD PENSACOLA, FL 32514

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 Agent signature required when reinstating) DATE					
Suprature species printed name or registered agent and use if applicable. (MUTE, registered Agent signature required when resistantly) UATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	-	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHERIDGE, JERRY 1109 QUIET CREEK RD PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000671174 03/28/07-80017-014 150.00
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					
TITLE					

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-15-07

850-477-5245