


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000147829
1. Entity Name
JOHN JORGENSEN CONSTRUCTION, INC.



Principal Place of Business: 8920 DONNA LU DRIVE, ODESSA, FL 33556
Mailing Address: 8920 DONNA LU DRIVE, ODESSA, FL 33556



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0471046 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
JORGENSEN, JOHN S
8920 DONNA LU DRIVE
ODESSA, FL 33556

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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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST JORGENSEN, JOHN S 8920 DONNA LU DRIVE ODESSA, FL 33556
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04/23/06-80019-008 150.00

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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: John S. Jorgensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 813 920 203
Date Daytime Phone #