


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 035 ***150.00

DOCUMENT# P04000033771	
1. Entity Name JEFFRIES & CAMPBELL CONSTRUCTION CO.	

Principal Place of Business 581 BREAKWATER ST. SE PALM BAY FL 32909	Mailing Address 581 BREAKWATER ST. SE PALM BAY FL 32909
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2. Principal Place of Business 405 Church ST.	3. Mailing Address 405 Church ST.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A

2nd MOORE CR2E034 (5/05)

City & State W. Melbourne FL.	City & State W. Melbourne FL.
Zip 32904	Zip 32904
Country Brevard	Country Brevard

4. FEI Number 36-4550253	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JEFFREIS, JAMES E 581 BREAKWATER ST. SE PALM BAY FL 32909	
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7. Name and Address of New Registered Agent Name N/A	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

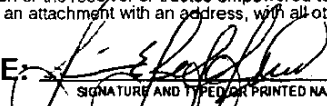
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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 D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEFFRIES, JAMES E		NAME JAMES YOUNG	
STREET ADDRESS 3530 CHEVELLE DR.		STREET ADDRESS 405 Church St.	
CITY-ST-ZIP MELBOURNE FL 32904		CITY-ST-ZIP West Melbourne, FL 32904	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, RICHARD H		NAME	
STREET ADDRESS 581 BREAKWATER ST. SE		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32909		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	
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 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.

SIGNATURE:  **James E. Jeffries** **8/9/05** **321-508-3849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #