


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0400080572**  
1. Entity Name  
**JESTER CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
**912 SW SPRUCE RD.**      **912 SW SPRUCE RD.**  
**FT. WHITE, FL 32038 US**      **FT. WHITE, FL 32038 US**

**DO NOT WRITE IN THIS SPACE**



04072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-1171141**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**JESTER, BYRON L**  
**912 SW SPRUCE RD.**  
**FT. WHITE, FL 32038**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JESTER, BYRON L
STREET ADDRESS	912 SW SPRUCE RD.
CITY-ST-ZIP	FT. WHITE, FL 32038
TITLE	S
NAME	JESTER, BYRON L
STREET ADDRESS	912 SW SPRUCE RD.
CITY-ST-ZIP	FT. WHITE, FL 32038
TITLE	T
NAME	JESTER, BYRON L
STREET ADDRESS	912 SW SPRUCE RD.
CITY-ST-ZIP	FT. WHITE, FL 32038
TITLE	D
NAME	JESTER, BYRON L
STREET ADDRESS	912 SW SPRUCE RD.
CITY-ST-ZIP	FT. WHITE, FL 32038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000522142  
05/03/06-80018-013 150.00

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:**       **April 17 2006**      **386 497 3085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #