FILED May 07, 2007 8:00 am Secretary of State

2007	FOR PROFIT	T CORPORA	ITION
	ANNUAL	REPORT	

DOCUMENT # P06000089990 1. Entity Name R & J FERGUSON, INC.						90069 013 ***1.		
Principal Plac	e of Business	Mailing Address		- 4	U ~			
1133 SW 44		1133 SW 44TH WAY Deerfield Beach, FL	33442 US				ı	
	Place of Business - No P.O. Box # NE 30th Strict	3. Mailing Address 2041 NE 3045	iteet					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02102007	Chg-P	CR2E034 (12/06)		
	iderdale it	City & State Fort Lauderda		4. FEI Numb	0-5178	040 N	oplied For ot Applicable	
33306	Broward US	33306	Brward!	NO	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent	Namer		Address of New Re	egistered Agent		
FERGUSON, ROBERT C 1133 SW 44TH WAY DEERFIELD BEACH, FL 33442			L K	Street Address (P.O. Box Number is Not Acceptable)				
•	\sim 1		City F	x+Laudurda	ıla	FL Zip.Co	¹ 0′	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office o	r registered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE.					5/1/0)7		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)	7/	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees			i de la companya de l	
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME	P FERGUSON, ROBERT C	Delete	TITLE NAME	FORMUSON ROBER	+C	🔀 Change	☐ Addition	
STREET ADDRESS	1133 SW 44TH WAY		STREET ADDRESS	Ferguson, Rober 2041 NE 3015+	eet		1	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Fortlauderaan	e, FL 33306			
TITLE	VP	D 7 -Oelete		MP		Change	☐ Addition	
NAME Street address	FERGUSON, JAMIE J 1133 SW 44TH WAY		NAME STREET ADDRESS	FERRISON, Jamin	nct		Ì	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Fort Laudurdai	LFL 33306			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME - STREET ADDRESS	_		NAME STREET ADDRESS	ļ				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	-	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME STREET ADDRESS				Ì	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				:	
TITLE		☐ Delete	TITLE			☐ Change	Addition ;	
NAME			NAME				!	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ŀ	
TITLE		Delete	TITLE			☐ Change	☐ Addition	
			NAME	İ				
NAME				i .				
STREET ADDRESS		_	STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	cortify that the information supplied with	this filinardnes not qualify for	CITY-ST-ZIP	contained in Chapter 11	Florida Statutas L	further certify that the	nlormation	
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, v	this filling does not qualify for true and accurate and that my weight to execute his report a vith all guer like empowered.	CITY-ST-ZIP	contained in Chapter 119 have the same legal effer apter 607, Florida Statute	e, Florida Statutes. I ct as if made under c ss; and that my name	further certify that the i ath; that I am an officer appears in Block 10 o	nformation or director r Block 11 if	