


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P25749</b>		
1. Entity Name <b>JACK WEBB CONSTRUCTION COMPANY, INC.</b>		

Principal Place of Business <b>109 PEMBROKE POINT DRIVE MADISON, MS 39110</b>	Mailing Address <b>109 PEMBROKE POINT DRIVE MADISON, MS 39110</b>
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**DO NOT WRITE IN THIS SPACE**

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>64-0538709</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000234283</b> <b>02/18/05-80014-018 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WEBB, JACK 109 PEMBROKE POINT DRIVE MADISON, MS 39110</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SHOWS, KIMBLE L 9 LAMAR SHOWS CIRCLE SOSO, MS 39480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WEBB, SANDRA 109 PEMBROKE POINT DRIVE MADISON, MS 39110</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jack Webb* *President* *2-15-05* *601-2096612*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #