


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P34972
 1. Entity Name
JACK B. HARPER CONTRACTOR, INC.



Principal Place of Business
70393 BRAVO STREET
COVINGTON, LA 70433 US

Mailing Address
P.O. BOX 309 NA
MANDEVILLE, LA 70470-0309 US



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1180277

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CP
NAME	HARPER, JACK B.
STREET ADDRESS	70393 BRAVO STREET
CITY-ST-ZIP	COVINGTON, LA
TITLE	T
NAME	SCHNEIDER, CRAIG B.
STREET ADDRESS	70393 BRAVO STREET
CITY-ST-ZIP	COVINGTON, LA
TITLE	S
NAME	HODGES, MONICA B.
STREET ADDRESS	70393 BRAVO STREET
CITY-ST-ZIP	COVINGTON, LA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000435802
 02/27/06-80006-015 150.00

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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: Monica B. Harper Date: 2/9/05 Daytime Phone #: 985-892-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR