


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90050 011 ***150.00

DOCUMENT # P34972

1. Entity Name
JACK B. HARPER CONTRACTOR, INC.



Principal Place of Business Mailing Address

70393 BRAVO STREET P.O. BOX 309 NA
 COVINGTON, LA 70433 US MANDEVILLE, LA 70470-0309 US

DO NOT WRITE IN THIS SPACE

40007716



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 72-1180277 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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 _____ 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, 2007 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	TCFO
NAME	SCHNEIDER, CRAIG B.
STREET ADDRESS	70393 BRAVO STREET
CITY - ST - ZIP	COVINGTON, LA
TITLE	STREASURER
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	

DO NOT WRITE IN THIS SPACE

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. Hodges Monica B. Hodges 1/25/07 985/892-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #