


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000058863 1. Entity Name JENKINS CONSTRUCTION, INC. III	
---	---

Principal Place of Business 11500 NORMANDY BLVD JACKSONVILLE FL 32221 US	Mailing Address P.O. BOX 7847 JACKSONVILLE FL 32238 US
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3359590	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent JENKINS, DONNA R. 11500 NORMANDY BLVD JACKSONVILLE FL 32221	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP JENKINS, DONNA R 3206 FRONT ROAD JACKSONVILLE FL 32257	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition UUUUUU238060 02/21/05-80083-016 150.00
TITLE	VP JENKINS, MARK A 3662 MOSSWOOD CT JACKSONVILLE FL 32223	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S JENKINS, DONNA R 3206 FRONT ROAD JACKSONVILLE FL 32257	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T JENKINS, DONNA R 3206 FRONT RD. JACKSONVILLE FL 32257	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Donna R. Jenkins 02/16/05 (904) 781-9100 ext.21

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