

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90113 019 ***150.00

DOCUMENT # P97000072974
 1. Entity Name
 GARY JERNIGAN BUILDERS, INC.



Principal Place of Business
 6123 CURTIS ROAD
 PACE, FL 32571

Mailing Address
 6123 CURTIS ROAD
 PACE, FL 32571

Address Change, Eff. 2-5-2007

40015551



2. Principal Place of Business - No P.O. Box #
 2750 Segrest Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 2750 Segrest Rd.
 Suite, Apt. #, etc.

01232007 Chg-P CR2E034 (12/06)

City & State
 Pace, FL

City & State
 Pace, FL

Zip
 32571

Country
 Santa Rosa

Zip
 32571

Country
 Santa Rosa

4. FEI Number
 59-3471402

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JERNIGAN, GARY
 6123 CURTIS ROAD
 PACE, FL 32571

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, 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	P	<input type="checkbox"/> Delete
NAME	JERNIGAN, GARY	
STREET ADDRESS	6123 CURTIS ROAD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	S	<input type="checkbox"/> Delete
NAME	JERNIGAN, SANDRA D	
STREET ADDRESS	6123 CURTIS RD.	
CITY-ST-ZIP	PALE, FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Richard G. Jernigan* Richard G. Jernigan *President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1-31-07* 850-995-4818
 Daytime Phone #