


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90044 002 ***150.00

DOCUMENT # P98000012311					
1. Entity Name JEFF A. KERR CONTRACTING, INC.					
Principal Place of Business 530 BAYRIDGE RD JACKSONVILLE, FL 32216 US			Mailing Address P.O. BOX 19454 JACKSONVILLE, FL 32245-9454 US		
2. Principal Place of Business 6043 NW 216th St		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Starke, FL		City & State		4. FEI Number 59-3495183	
Zip 32091		Country Bradford		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERR, JEFF 530 BAYRIDGE RD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Jeff Kerr Street Address (P.O. Box Number is Not Acceptable) 6043 NW 216th St City Starke FL Zip Code 32091		
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 <u>Jeffrey A. Kerr</u> / Jeffrey A. Kerr / Pres. 5/17/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Pres. NAME STREET ADDRESS CITY - ST - ZIP	D KERR, JEFF A 530 BAYRIDGE RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST KERR, JEFF A 530 BAYRIDGE RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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)(i), 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: <u>Jeffrey A. Kerr</u> / Jeffrey A. Kerr 5/17/05 9046623735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					