


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 BAY RIDGE RD JACKSONVILLE, FL 32216 US		Mailing Address P.O. BOX 19454 JACKSONVILLE, FL 32245-9454 US	
2. Principal Place of Business 6043 NW 216 th St Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Starke, FL		City & State	
Zip 32091		Country Bradford	
4. FEI Number 59-3495183		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERR, JEFF 530 BAY RIDGE 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 216 th 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. DATE: 5/17/05			
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: KERR, JEFF A STREET ADDRESS: 530 BAY RIDGE RD CITY-ST-ZIP: JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PVST NAME: KERR, JEFF A STREET ADDRESS: 530 BAY RIDGE RD CITY-ST-ZIP: JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		DATE: 5/17/05 DAYTIME PHONE #: 9046623735	