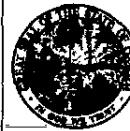


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000053316

1. Entity Name
JELLISON GENERAL CONTRACTING, INC.



Principal Place of Business
8853 RUNNYMEADE ROAD
JACKSONVILLE, FL 32257

Mailing Address
8853 RUNNYMEADE ROAD
JACKSONVILLE, FL 32257

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3516375	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

JELLISON, STEVEN J
8853 RUNNYMEADE ROAD
JACKSONVILLE, FL 32257

**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: *Steven J. Jellison Steven J. Jellison, President 4/25/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JELLISON, STEVEN J 8853 RUNNYMEADE RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JELLISON, DEBORAH LYNN 8853 RUNNYMEADE RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JELLISON, DEBORAH LYNN 8850 RUNNYMEADE RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000000335071
04/27/05-80072-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Steven J. Jellison Steven J. Jellison 4/25/05 716-8870*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-

Daytime Phone #