


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P98000055796

1. Entity Name
JENKINS CONSTRUCTION, INC. IV



Principal Place of Business Mailing Address

C/O MORROCA H. JENKINS
 11500 NORMANDY BLVD
 JACKSONVILLE FL 32221

C/O MORROCA H. JENKINS
 11500 NORMANDY BLVD
 JACKSONVILLE FL 32221

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3521589** Applied For
 Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

JENKINS, MORROCA H
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, MORROCA H	
STREET ADDRESS	3662 MOSSWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENKINS, KENNY M	
STREET ADDRESS	4866 VICTORIA CHASE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, MORROCA H	
STREET ADDRESS	3662 MOSSWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, MARCUS A	
STREET ADDRESS	4879 VICTORIA CHASE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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	1100000237148	
CITY-ST-ZIP	02/21/05-80045-015 150.00	
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 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: Morroca H. Jenkins - Morroca H. Jenkins 02/16/05 (904) 781-9100 ext25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #