


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000065005</b> 1. Entity Name L.P. JEFFERSON, JEFF'S CONCRETE, INC.	
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Principal Place of Business 6823 PURNELL CT TALLAHASSEE, FL 32305	Mailing Address 6823 PURNELL CT TALLAHASSEE, FL 32305
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**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3625611	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

JEFFERSON, LEONARD P  
6823 PURNELL CT  
TALLAHASSEE, FL 32305

**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

*Leonard P. Jefferson*  
Signature, typed or printed name of registered agent and DOB if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/05  
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	P
NAME	JEFFERSON, LEONARD
STREET ADDRESS	6823 PURNELL CT
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	S
NAME	JEFFERSON, FRAZIER JR
STREET ADDRESS	2840 LONEBLADH RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	V
NAME	JEFFERSON, EMANUEL B
STREET ADDRESS	2540 HILL LAKE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000340521  
04/28/05-80115-010 150.00

**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)(f), 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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05  
DATE

Daytime Phone #