
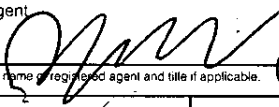
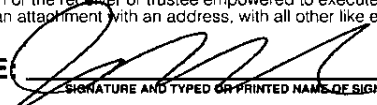


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90283 045 \*\*\*150.00

<b>DOCUMENT # P99000098437</b> 1. Entity Name <b>JEFFERY DUNN CONSTRUCTION, INC.</b>					
Principal Place of Business <b>110 WOOD RIDGE TRAIL SANFORD, FL 32771</b>			Mailing Address <b>585 SOUTH CR 427 SUITE 121 LONGWOOD, FL 32750</b>		
2. Principal Place of Business		3. Mailing Address <b>110 Wood Ridge Trail</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Sanford FL</b>		4. FEI Number <b>59-3610069</b>	
Zip		Country		Applied For Not Applicable	
Zip <b>32771</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HODGES, GEORGE 585 S RONALD REAGAN BLVD STE 121 LONGWOOD, FL 32750</b>			7. Name and Address of New Registered Agent Name <b>Jeffrey Dunn</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 Wood Ridge Trail</b> City <b>Sanford</b> <b>FL</b> Zip Code <b>32771</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>11-6-04</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DUNN, JEFFREY 110 WOOD RIDGE TRAIL SANFORD, FL 32771</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>11-6-04</b>		