


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 816002**  
1. Entity Name  
**JACOBS CONSTRUCTORS, INC.**



Principal Place of Business  
**1111 S ARROYO PARKWAY  
PASADENA, CA 91105 US**

Mailing Address  
**P.O. BOX 7084  
PASADENA, CA 91109-7084 US**

**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**72-0403456**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	D HAMMOND, THOMAS R 1111 S ARROYO PARKWAY PASADENA, CA 91105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEW, FRED W TWO ASH STREET, SUITE 3000 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PROSSER, J W JR 1111 S ARROYO PARKWAY PASADENA, CA 91105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKLEY, W C III 1111 S ARROYO PARKWAY PASADENA, CA 91105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, GREG J 5995 ROGÉRDALÉ RD HOUSTON, TX 77072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, NOEL G. 1111 S ARROYO PARKWAY PASADENA, CA 91105

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05/05/05-80028-005 150.00

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: *John W. Prosser, Jr.* John W. Prosser, Jr. 04/25/05 (626)578-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #