

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080832

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: J. B. COXWELL CONTRACTING, INC.

**Current Principal Place of Business:**

6741 LLOYD ROAD WEST  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

6741 LLOYD ROAD WEST  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 59-3666875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AKEL, DANIEL D  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COXWELL, JOHN D  
Address: 805 SHADY REACH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: COXWELL, JOHN B  
Address: 9433 COXWELL LANE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: STD ( ) Delete  
Name: V. WAYNE WILLIFORD,  
Address: 9410 COXWELL LANE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: EVP ( ) Delete  
Name: MOUSA, SAM E  
Address: 8620 HUNTERS CREEK DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: KAYSER, THOMAS  
Address: 6746 RIVERFRONT CREST  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Delete  
Name: KNAPP, PATRICK  
Address: 8107 SARCEE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COXWELL, JOHN D  
Address: 3490 OTIS ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. WAYNE WILLIFORD

STD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date