


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 005 ***158.75

DOCUMENT # P0000080832					
1. Entity Name J. B. COXWELL CONTRACTING, INC.					
Principal Place of Business 6741 LLOYD ROAD WEST JACKSONVILLE, FL 32254			Mailing Address 6741 LLOYD ROAD WEST JACKSONVILLE, FL 32254		
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 59-3666875	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
			5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AKEL, DANIEL D ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					

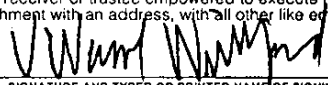


04172006 Chg-P CR2E034 (11/05)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VPO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COXWELL, JOHN D			NAME	BLANK, CHRIS C.		
STREET ADDRESS	3490 OTIS ROAD			STREET ADDRESS	9874 WESTBORNE COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32220			CITY-ST-ZIP	JACKSONVILLE, FL 32221		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VPO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COXWELL, JOHN B			NAME	GREENE, EDDIE K.		
STREET ADDRESS	9433 COXWELL LANE			STREET ADDRESS	10819 OLD PLANK ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP	JACKSONVILLE, FL 32220		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	V. WAYNE WILLIFORD			NAME			
STREET ADDRESS	9410 COXWELL LANE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOUSA, SAM E			NAME			
STREET ADDRESS	8620 HUNTERS CREEK DRIVE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAYSER, THOMAS			NAME			
STREET ADDRESS	6746 RIVERFRONT CREST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32226			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNAPP, PATRICK			NAME			
STREET ADDRESS	8107 SARCEE TRAIL			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32244			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **V. Wayne Williford** 4/17/06 (904) 786-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #