2007 FOR PROFIT CORPORATION

FILED Apr 02, 2007 08:00 AM Secretary of State

ANNUAL REPORT				
DOCUMENT # 170865 1. Entity Name JACKSONVILLE BOX & WOODWORK CO INC				
Principal Place of Business	Mailing Address			
5011 BUFFALO AVENUE	5011 BUFFALO AVENUE			
JACKSONVILLE, FL 32206	JACKSONVILLE, FL 32206			

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No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE Applied For FEI Number 59-0682891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAND, JACK G JR DO NOT WRITE 200 W. FORSYTH STREET JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PTS KING, J.B., JR. 5011 BUFFALO AVE JACKSONVILLE, FL 32206 000000685611 04/09/07-80012-019 150.00 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

10.

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP