
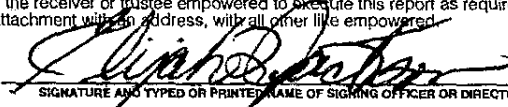


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 520526</b>		
1. Entity Name J CONWAY CONSTRUCTION INC.		
Principal Place of Business P O BOX 1691 1016 MAIN STREET PALATKA, FL 32178 US		Mailing Address P O BOX 1691 1016 MAIN STREET PALATKA, FL 32178 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		04052005 No Chg-P CR2E034 (10/03)
4. FEI Number 80-0081270		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  JACKSON, ELIJAH T 1016 MAIN STREET P O BOX 1691 PALATKA, FL 32178-1691		<b>DO NOT WRITE IN THIS SPACE</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>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PD	
NAME	JACKSON, ELIJAH T	
STREET ADDRESS	1016 MAIN STREET	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	STD	
NAME	JACKSON, ANNIE B	
STREET ADDRESS	1016 MAIN STREET	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	2VP	
NAME	BADIE, MELODY	
STREET ADDRESS	P O BOX 262	
CITY-ST-ZIP	EAST PALATKA, FL 321310262	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-5-05 386-328-1829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #