2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 520526

1. Entity Name
J CONWAY CONSTRUCTION INC.

Principal Place of Business	Mailing Address
P O BOX 1691 1016 MAIN STREET PALATKA, FL 32178 US	P O BOX 1691 1016 MAIN STREET PALATKA, FL 32178 US

01052006 : No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0081270
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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

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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 _____ DATE
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005170B3
05/01/06-80030-005 150.00

10. OFFICERS AND DIRECTORS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3-24-06 386-328-1829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #