2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State
04-17-2008 90158 001 ***150.00

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

66010586

01112008 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: Mr Elijah T Jackson 4-4-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

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	

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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: Mr Elijah T Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR Date Daytime Phone #