


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # F07000002990 1. Entity Name B&D CONTRACTING JACKSONVILLE INC.	
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Principal Place of Business 2765-7 MAYPORT RD ATLANTIC BECH, FL 32233	Mailing Address 1308 PASS RD GULFPORT, MS 39501
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-2855134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JIMENEZ, MIKE 2765-7 MAYPORT RD ATLANTIC BECH, FL 32233

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C BOWME, JOHN W 6430 W PARK AVE HOUMA, LA 70364
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V DAVIS, WAYNE E 1308 PASS RD GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/17/08-80038-007 158.75

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:  **1/9/08 (828) 863-3728**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #