2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115595

Entity Name: B & C DEVELOPMENT OF DUVAL, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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11363 SAN JOSE BLVD BLDG 100 JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

PO BOX 23518 PO BOX 23518

JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32241 35

FEI Number: 59-3692643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAWFORD, JOHN R
225 WATER ST, STE 900
JACKSONVILLE, FL 32202CRAW FO
SUITE 800
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: 04/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: CURLEY, R. KENT Name: CURLEY, R. KENT

Address: 2803 VILLAGE GROVE DR E Address: 2803 VILLAGE GROVE DR NORTH
City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete Title: () Change () Addition

 Name:
 BOYD, WILLIAM E
 Name:

 Address:
 5367 ORTEGA BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BOYD, CHARLES T III
 Name:

 Address:
 5367 ORTEGA BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R KENT CURLEY DP 04/07/2005