


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90025 032 \*\*\*150.00

<b>DOCUMENT # P02000008298</b>	
1. Entity Name <b>BEVILL CONSTRUCTION CO.</b>	

Principal Place of Business 15353 YELLOW BLUFF RD. JACKSONVILLE, FL 32226	Mailing Address 15353 YELLOW BLUFF RD. JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0563596</b>	Applied For <input type="checkbox"/> 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  DURDEN, WILLIAM L ESQ. 225 WATER STREET, SUITE 900 JACKSONVILLE, FL 32202
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEVILLE, MICHAEL W 15353 YELLOW BLUFF RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BEVILLE, WALLACE S 15353 YELLOW BLUFF RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-D Bevill, Tiffany E 15353 Yellow Bluff RD Jax.Fl
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bevill, Joyce E 15353 Yellow Bluff Rd Jax.Fl
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 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 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:** Michael W. Bevill President 3/4/05 (904)838-4189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #