


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90154 020 ***150.00

DOCUMENT # P05000074082			
1. Entity Name B & B STONE WORK, INC.			
Principal Place of Business 85050 AMANDA CT YULEE, FL 32097		Mailing Address 85050 AMANDA CT YULEE, FL 32097	
2. Principal Place of Business <i>85050 Amanda CT</i>		3. Mailing Address <i>85050 Amanda CT</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Yulee, FL</i>		City & State <i>Yulee, FL</i>	
Zip <i>32097</i>	Country <i>USA</i>	Zip <i>32097</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent TROXELL, WILLIAM L SR 85050 AMANDA CT YULEE, FL 32097		7. Name and Address of New Registered Agent Name <i>William Troxell, Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>85050 Amanda CT.</i> City <i>Yulee</i> FL Zip Code <i>32097</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TROXELL, WILLIAM SR 85833 AVANT RD YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MT</i> Troxell, William Sr 85833 AVANT Rd Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT TROXELL, WILLIAM JR 85833 AVANT RD YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P</i> Troxell, William Jr 85050 Amanda CT Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M TROXELL, JAMES 85833 AVANT RD YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V</i> Troxell, James 85109 Hurricane Lane Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TROXELL, PATRICIA 85833 AVANT RD YULEE, FL 32097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 William L Troxell Sr. 4-27-06
Day Time phone: *904-838-4524*