2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ANNUAL REPORT Feb 01, 2008 08:00 AM **Secretary of State** DOCUMENT # P97000047465 **B & W CONSTRUCTION, INC.** Principal Place of Business Mailing Address 4689 GADARA RD P.O. BOX 457 FLORAHOME, FL 32140 KETSTONE HEIGHTS, FL 32656 No Chg-P CR2E034 (11/05) 01092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2813253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATKINS, WILLIAM P DO NOT WRITE 4689 GADARA RD KEYSTONE HEIGHTS, FL 32656 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WATKINS, WILLIAM P STREET ADDRESS 4689 GADARA RD CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 TITLE NAME STREET ADDRESS 000000811325 02/12/08-80002-004 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 P. Walkist William P. Watkins 1/29/08 1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR POPULAR DESCRIPTION DATE DESCRIPTION DESCRIP