2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 06, 2006 08:00 AM **Secretary of State DOCUMENT # P98000053809**

1. Entity Name J & W CONSTRUCTION, INC. Malling Address Principal Place of Business 1721 LANGLEY AVE. 1721 LANGLEY AVE. DELAND, FL 32724 DELAND, FL 32724 02282006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3528182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WRIGHT, NORMAN A JR. DO NOT WRITE 1721 LANGLEY AVE. DELAND, FL 32724 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DA7E 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DILE NAME WRIGHT, NORMAN A 1650 ALEXANDER DR. STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 100000457527 JOHNSON, DAVIS R 03/17/06-80008-014 150.00 201 S. WADE AVE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutés. 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:

CITY-ST-21P

NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS City-St-Zip TITE F NAME STREET ADDRESS CITY-S1-2iP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-4

Daytima Phone #