

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 008 ***150.00



DOCUMENT # S20895		1. Entity Name R W B CONSTRUCTION, INC.	
Principal Place of Business 7536 JANA LANE N. JACKSONVILLE, FL 32210		Mailing Address P.O. BOX 7175 JACKSONVILLE, FL 32238-0175	
2. Principal Place of Business 6017 ROOSEVELT BLVD.		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc. #23		Suite, Apt. #, etc.	
City & State JACKSONVILLE		City & State	
Zip 32244		Country DUYAL	
4. FEI Number 59-3038771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENJAMIN, ROBERT W. 7536 JANA LANE NORTH JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 6017 ROOSEVELT BLVD. #23 City JACKSONVILLE FL Zip Code 32244	
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 <u>Robert W. Benjamin</u> ROBERT W. BENJAMIN DATE <u>4/22/05</u> <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, 2005 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	P BENJAMIN, ROBERT W 7536 JANA LANE N. 6017 ROOSEVELT BLVD. #23 JACKSONVILLE, FL 32210 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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04222005 Chg-P CR2E034 (10/03)

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: Robert W. Benjamin DATE 4/22/05 DAYTIME PHONE # (904)859-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR