


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90406 034 ***150.00

DOCUMENT # S20895			
1. Entity Name R W B CONSTRUCTION, INC.			
Principal Place of Business 6017 ROOSEVELT BLVD STE 23 JACKSONVILLE, FL 32244 US		Mailing Address P.O. BOX 7175 JACKSONVILLE, FL 32238-0175	
2. Principal Place of Business 6354 CHERRY LAUREL DRIVE		3. Mailing Address PO BOX 7175	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State JACKSONVILLE, FL.		City & State JACKSONVILLE, FL.	
Zip 32210	Country DUVAL	Zip 32238	Country DUVAL
6. Name and Address of Current Registered Agent BENJAMIN, ROBERT W 6017 ROOSEVELT BLVD #23 STE 23 JACKSONVILLE, FL 32244 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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> <u><i>Robert W. Benjamin</i></u> <u>4/20/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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	P BENJAMIN, ROBERT W 6017 ROOSEVELT BLVD #23 JACKSONVILLE, FL 32244 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Robert W. Benjamin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/20/06</u> <u>(904) 859-7536</u> Date Daytime Phone #	

40058841



04202006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3038771

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**