


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V62369**  
 1. Entity Name  
**SPECIALTY WOODWORKS OF JACKSONVILLE, INC.**



Principal Place of Business      Mailing Address  
 4555 WESCONNETT BLVD.      4555 WESCONNETT BLVD.  
 JACKSONVILLE, FL 32210      JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**



03142006    No Chg P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
**59-3161107**       Not Applicable  
 5. Certificate of Status Desired     **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BAXTER, CURTIS**  
**4555 WESTCONNETT BLVD.**  
**JACKSONVILLE, FL 32210**

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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: *Curtis Baxter*      DATE: *4/15/06*  
(Signature, typed or printed name of registered agent, and the X applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.     **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	DP
Name	BAXTER, CURTIS
Street Address	4555 WEST CONNETT BLVD.
City/State/Zip	JACKSONVILLE, FL
Title	VP
Name	LANHAM, MICHAEL D
Street Address	4555 WEST CONNETT BLVD.
City/State/Zip	JACKSONVILLE, FL
Title	
Name	
Street Address	
City/State/Zip	
Title	
Name	
Street Address	
City/State/Zip	

U00000524353  
 05/03/06-00108-017 150.00

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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 indicated, or on an attachment with an address, with all other like empowered.  
**SIGNATURE:** *Curtis Baxter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #