


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # V62369 1. Entity Name SPECIALTY WOODWORKS OF JACKSONVILLE, INC.		
Principal Place of Business 4555 WESCONNETT BLVD. JACKSONVILLE, FL 32210	Mailing Address 4555 WESCONNETT BLVD. JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAXTER, CURTIS 4555 WESTCONNETT BLVD. JACKSONVILLE, FL 32210		DO NOT WRITE 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: <i>Curtis Baxter</i> Curtis Baxter <i>president</i> 4-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000754460 05/22/07-80062-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAXTER, CURTIS 4555 WEST CONNETT BLVD. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANHAM, MICHAEL D 4555 WEST CONNETT BLVD. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Curtis Baxter</i> president 4-26-07 904 378 8989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		