


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 358477
 1. Entity Name
J.W.C. HOLDINGS, INC.



Principal Place of Business 7396 WESTPORT PLACE WEST PALM BEACH, FL 33413 US	Mailing Address 7396 WESTPORT PLACE WEST PALM BEACH, FL 33413 US
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1287488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, JOHN W.
 7396 WESTPORT PLACE
 WEST PALM BEACH, FL 33413

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000281483
 03/31/05-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDVS CHEATHAM, JOHN W. 1690 CYPRESS ROW DR. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X [Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *3/18/05 (561) 471-4100*
 Date Days/Phone #