


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90380 010 \*\*\*150.00

**DOCUMENT # P05000010937**

1. Entity Name  
**JWS MOVING & DELIVERY INCORPORATED**



Principal Place of Business      Mailing Address  
**3718 4TH STREET WEST      3718 4TH STREET WEST**  
**LEHIGH ACRES, FL 33971      LEHIGH ACRES, FL 33971**

**66019069**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04272006    Chg-P    CR2E034 (11/05)

4. FEI Number **20-2222274**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SYLVESTER, JOHN**  
**3718 4TH STREET WEST**  
**LEHIGH ACRES, FL 33971**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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 |                        |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | DP                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SYLVESTER, JOHN        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 3718 4TH STREET WEST   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | LEHIGH ACRES, FL 33971 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | 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: John Sylvester      **John Sylvester**      4/28/06      239-275-0835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #