


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000010937**  
 1. Entity Name  
**JWS MOVING & DELIVERY INCORPORATED**



Principal Place of Business 3718 4TH STREET WEST LEHIGH ACRES, FL 33971	Mailing Address 3718 4TH STREET WEST LEHIGH ACRES, FL 33971
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2222274	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SYLVESTER, JOHN  
 3718 4TH STREET WEST  
 LEHIGH ACRES, FL 33971

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SYLVESTER, JOHN 3718 4TH STREET WEST LEHIGH ACRES, FL 33971
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U00000737082  
 05/11/07-80013-017 150.00

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  Date 4/24 Daytime Phone # 239-275-0835