


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90024 009 ***150.00

DOCUMENT # 298962

1. Entity Name
JWN CORPORATION



Principal Place of Business
**9836 W SAMPLE RD
 CORAL SPRINGS, FL 33075 US**

Mailing Address
**P.O. BOX 759523
 CORAL SPRINGS, FL 33075**

2. Principal Place of Business
9747 W Sample Road

3. Mailing Address
 Suite, Apt. #, etc. _____

City & State
Coral Springs, FL

City & State

Zip
33065 Country
USA

Zip
 _____ Country



01162006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent

**NELSON, ROBERT W
 313 MALLARD ROAD
 WESTON, FL 33327**

4. FEI Number
59-1165033

Applied For
 Not Applicable

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


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2410 S.W. Island Creek Trail

City **Palm City** **FL** Zip Code **34990**

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:  **Robert W. Nelson, VDS** DATE **1/16/06**

Signature, typed or printed name of registered agent and title if 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARLBURG, VIOLET N. 9747 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS NELSON, ROBERT W. 313 MALLARD ROAD WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS NELSON, DAREL 315 MALLARD ROAD WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2410 SW Island Creek Trail Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nelson, Darci 2410 S.W. Island Creek Trail Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Robert W. Nelson** DATE **1/16/06** DAYTIME PHONE # **(954) 752 0492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR