

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90053 007 \*\*\*150.00

**DOCUMENT # 376346**

1. Entity Name

J. W. T. CORPORATION



Principal Place of Business

4620 OCEAN BEACH BLVD  
#2  
COCOA BEACH FL 32931  
US

Mailing Address

113 ANTIGUA DR  
COCOA BEACH FL 32931

**50010744**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1204 Samar Road

Suite, Apt. #, etc.

City & State

City & State  
Cocoa Beach, FL

Zip

Country

Zip

32931-3068

Country

4. FEI Number

59-1363797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAROL HARPER KLEIN  
113 ANTIGUA DR  
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1204 Samar Road

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME CAROL HARPER KLEIN  
STREET ADDRESS 113 ANTIGUA DR  
CITY-ST-ZIP COCOA BEACH FL

TITLE VD ☐ Delete  
NAME MAUREY, JANEIL  
STREET ADDRESS 649 FOREST LAIR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☐ Delete  
NAME MAUREY, ANDREW  
STREET ADDRESS 649 FOREST LAIR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME CAROL HARPER KLEIN  
STREET ADDRESS 113 ANTIGUA DR  
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1204 Samar Road  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1204 Samar Road  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Carol Harper Klein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

Date

Daytime Phone #