

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F03000000617

1. Entity Name

MWJ MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -1 AM 9:37

Principal Place of Business
1406 N. MAIN ST
PUNXSUTAWNEY PA 15767

Mailing Address
1406 N. MAIN ST
PUNXSUTAWNEY PA 15767



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
25-1752700

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

CARNEY, WILBUR
750 E. SAMPLE RD., BUILDING 3, SUITE 221
POMPANO BEACH FL 33064

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

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
DOVERSPIKE, CARL D
PO BOX 97
RINGGOLD PA 15770

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVVC
MCMEANS, O. MICHAEL
122 ELM ROAD
PUNXSUTAWNEY PA 15767

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
CARNEY, WILBUR
750 E. SAMPLE RD., BUILDING 3, SUITE 221
POMPANO BEACH FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRUBE, JACK B
PO BOX 159
INDIANA PA 15701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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TITLE
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☐ Change ☐ Addition

400067378174
03/08/06--01008--004 **\$50.00

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *O. Michael McMeans* VP. O. Michael McMeans 2/7/2006 814-938-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #