## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Feb 01, 2007 08:00 AM DOCUMENT # F03000005798 **Secretary of State** 1. Entity Name W.J.W. DEVELOPMENT INC. Principal Place of Business Mailing Address 223 N 5TH STREET PO BOX 4130 STEUBENVILLE, OH 43952 STEUBENVILLE, OH 43952 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 34-1789037 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAHAM, JOSEPH DO NOT WRITE 805 INDIAN RIVER DRIVE SEBASTIAN, FL 32958 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. saham SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WELSH, WILLIAM E NAME STREET ADDRESS 223 N 5TH STREET STEUBENVILLE, OH 43952 CITY-ST-71P ST TILE WELSH, JUANITA J NAME STREET ADDRESS 223 N 5TH STREET CITY-ST-ZIP STEUBENVILLE, OH 43952 ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE U00000615966 02/07/07-80009-009 150.00 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP