

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004419

1. Entity Name
JFW, INC.



Principal Place of Business

18310 MONTGOMERY VILLAGE AVENUE S#450
GAITHERSBURG, MD 20879

Mailing Address

18310 MONTGOMERY VILLAGE AVENUE S#450
GAITHERSBURG, MD 20879

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1915499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	WILSON, JAMES F
STREET ADDRESS	18310 MONTGOMERY VILLAGE AVENUE S#450
CITY-ST-ZIP	GAITHERSBURG, MD 20879
TITLE	V
NAME	DEMING, C.F. III
STREET ADDRESS	18310 MONTGOMERY VILLAGE AVENUE S#450
CITY-ST-ZIP	GAITHERSBURG, MD 20879
TITLE	V
NAME	WILSON, PATRICIA M
STREET ADDRESS	18310 MONTGOMERY VILLAGE AVENUE S#450
CITY-ST-ZIP	GAITHERSBURG, MD 20879
TITLE	V
NAME	KUMMER, THOMAS B
STREET ADDRESS	18310 MONTGOMERY VILLAGE AVENUE S#450
CITY-ST-ZIP	GAITHERSBURG, MD 20879
TITLE	V
NAME	WAECHTER, ROBERT H
STREET ADDRESS	18310 MONTGOMERY VILLAGE AVENUE S#450
CITY-ST-ZIP	GAITHERSBURG, MD 20879
TITLE	T
NAME	BARRY, PEGGY F
STREET ADDRESS	18310 MONTGOMERY VILLAGE AVENUE S#450
CITY-ST-ZIP	GAITHERSBURG, MD 20879

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01/28/08-80046-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-21-08 301-330-3220