


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 027 ***150.00

DOCUMENT # F07101 1. Entity Name J.M.W., INC.	
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Principal Place of Business C/O ELDRIDGE'S KIDS SHOES 1437 MARKET STREET TALLAHASSEE, FL 32312	Mailing Address C/O ELDRIDGE'S KIDS SHOES 1437 MARKET STREET TALLAHASSEE, FL 32312
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40079998



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2043171	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELDRIDGE, MILDRED C 1437 MARKET ST THE GALLERY TALLAHASSEE FL, FL 32312

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELDRIDGE, MILDRED C 1437 MARKET STREET TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELDRIDGE, WESLEY 3012 ROYAL PALM WAY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BORDERS, SUE 120 PEPPER TREE DR NE CLEVELAND, TN 37323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u>Mildred C. Eldridge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4-11-08</u>	Daytime Phone #: <u>850/893-6989</u>
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