

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90012 032 ***150.00

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1. Entity Name
JIW ENTERPRISES, INC.



Principal Place of Business
**3800 W. HILLSBOROUGH AVE
TAMPA, FL 33614**

Mailing Address
**3800 W. HILLSBOROUGH AVE
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2587909 59-2205094** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBBINS JR, R JAMES
101 E KENNEDY BLVD
STE-3700
TAMPA, FL 33602**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **WOOLEY, JEFFREY I**
STREET ADDRESS **3800 W HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **SD**
NAME **TEW, DM**
STREET ADDRESS **3800 W HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **D**
NAME **WOOLEY, MILLARD J**
STREET ADDRESS **3800 W HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Jeffrey I. Wooley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

(813) 865-8000

Date Daytime Phone #