


**-2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000003985**  
 1. Entity Name  
**JMW PROPERTIES, INC.**



Principal Place of Business  
 1208 17TH ST EAST  
 PALMETTO, FL 34221-2847 US

Mailing Address  
 C/O MARK RECTOR  
 14 SPRING VALLEY LANE  
 HOCKESSIN, DE 19707



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0354773** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VOGLER, EDWARD II**  
**802 11TH STREET WEST**  
**BRADENTON, FL 34205**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	HORISK, P J JR
STREET ADDRESS	417 OLD AIRPORT ROAD
CITY-ST-ZIP	NEW CASTLE, DE 19720
TITLE	S
NAME	RECTOR, MARK K
STREET ADDRESS	14 SPRING VALLEY LANE
CITY-ST-ZIP	HOCKESSIN, DE 19707
TITLE	T
NAME	ERICKSON, WILLIAM W
STREET ADDRESS	3541 BAYOU POINT
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000004683  
 01/15/04-80023-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark K. Rector **MARK K. RECTOR** 1-10-04 302-235-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #