

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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

**FILED  
Feb 06, 2006 08:00 AM  
Secretary of State**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0354773	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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**DO NOT WRITE IN THIS SPACE**

**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

(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, 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: 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:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

000000421844  
02/16/06-80053-021 150.00

**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: *Mark K. Rector***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06

302-235-0219

Date

Daytime Phone #