

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 014 ***150.00

DOCUMENT # H53179

1. Entity Name
J W R CONSTRUCTION SERVICES, INC.



Principal Place of Business

**1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH, FL 33442-7734 US**

Mailing Address

**1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH, FL 33442-7734 US**

04042614



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2526115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLO, WILLIAM J.
1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH, FL 33442**

**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, 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	PD
NAME	DUBOIS, JERRY
STREET ADDRESS	915 SE 11TH STREET
CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	TS
NAME	SCHMER, CAROL D.
STREET ADDRESS	13882 56TH PLACE NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	EVPD
NAME	GALLO, WILLIAM J.
STREET ADDRESS	4010 NE 30TH AVENUE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VP
NAME	FRANKLIN, KRISTOPHER J.
STREET ADDRESS	5166 CANAL DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 or without power of attorney.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Gallo, VP

3-19-04

954-480-2000

Date

Daytime Phone #