

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90276 015 ***158.75



DOCUMENT # H91646

1. Entity Name

JAWIL, INC.

Principal Place of Business

732 NE 3RD ST
 POMPANO BCH FL 33060

Mailing Address

732 NE 3RD ST
 POMPANO BCH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.
 71 SE 4th Avenue

City & State
 Deerfield Beach, FL

Zip
 33441

Country
 USA

3. Mailing Address

Suite, Apt. #, etc.
 71 SE 4th Avenue

City & State
 Deerfield Beach, FL

Zip
 33441

Country
 USA



1st MOORE CR2E034 (10/04)

4. FEI Number
 59-2615824

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHESHIRE, WOODROW W.
 732 NE 3RD STREET
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name Gwen C. Collier
 Street Address (P.O. Box Number is Not Acceptable)
71 SE 4th Avenue
 City Deerfield Beach **FL** Zip Code 33441

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 Gwen C. Collier James C. Collins April 11, 2005
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHESHIRE, ANGIE	
STREET ADDRESS	732 NE 3 ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CHESHIRE, W. W.	
STREET ADDRESS	732 NE 3 ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	AST	<input type="checkbox"/> Delete
NAME	CHESHIRE, JAMES	
STREET ADDRESS	721 BASING COURT	
CITY-ST-ZIP	CHESAPEAKE VA 23322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W Cheshire	
STREET ADDRESS	4424 Farm Road	
CITY-ST-ZIP	Allentown, PA 18104	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwen C. Collier	
STREET ADDRESS	71 SE 4th Avenue	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol W Cheshire	
STREET ADDRESS	4424 Farm Road	
CITY-ST-ZIP	Allentown, PA 18104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James C. Collins Gwen C. Collier April 11, 2005 954 427-2048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #