

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 005 ***150.00

DOCUMENT # J51560

1. Entity Name
JOWETT & WOOD, INC.



Principal Place of Business
P.O. DRAWER 6339
FERNANDINA BEACH, FL 32035

Mailing Address
P.O. DRAWER 6339
FERNANDINA BEACH, FL 32035

50010355



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2767510

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, LEONARD W.
4936 KEYSTONE LANE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name **W. LEONARD WOOD**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **WOOD, W. LEONARD**
STREET ADDRESS **4936 KEYSTONE LANE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☐ Delete
NAME **JOWETT, RALPH L.**
STREET ADDRESS **6377 C.R. 249**
CITY-ST-ZIP **LAKE PANOSOFFKEE, FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

W. Leonard Wood **W. LEONARD WOOD 1/30/05 9042772467**