

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84912

FILED
Apr 07, 2004
Secretary of State

Entity Name: HJW DESIGNS, INC.

Current Principal Place of Business:

809 LOMAX STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

809 LOMAX STREET
JACKSONVILLE, FL 32204 39

Current Mailing Address:

244 WOODY CREEK DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-2851674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, HASTINGS JR
244 WOODY CREEK DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

WILLIAMS, HASTINGS
244 WOODY CREEK DRIVE
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: HASTINGS WILLIAMS

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JACQUELINE, P.
Address: 809 LOMAX STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: HASTINGS WILLIAMS, JR.
Address: 244 WOODY CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HASTINGS, WILLIAMS
Address: 244 WOODY CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE P. WILLIAMS

MS.

04/07/2004

Electronic Signature of Signing Officer or Director

Date