

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 8:00 am
Secretary of State**

04-08-2005 90029 027 ***158.75

DOCUMENT # J84912 1. Entity Name HJW DESIGNS, INC.	
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Principal Place of Business 809 LOMAX STREET JACKSONVILLE, FL 32204 39	Mailing Address 244 WOODY CREEK DRIVE PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2851674	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLIAMS, HASTINGS
244 WOODY CREEK DRIVE
PONTE VEDRA BEACH, FL 32082**

**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: *Jacqueline P. Williams* (NOTE: Registered Agent signature required when reappointing) DATE: *April 19, 2005*

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACQUELINE P. 809 LOMAX STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HASTINGS, WILLIAMS 244 WOODY CREEK DRIVE PONTE VEDRA BEACH, FL 32082
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Jacqueline P. Williams* *Jacqueline P. Williams* 4/19/05 904-355-7894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR