


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # K66336</b><br>1. Entity Name<br><b>J.L.W.B.W., INC.</b>   |   |                                 |  |    |  |
| Principal Place of Business<br><b>200 ADMIRALS COVE BLVD<br/>JUPITER FL 33477</b>   |   |                                 | Mailing Address<br><b>200 ADMIRALS COVE BLVD<br/>JUPITER FL 33477</b>    |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |   |  |
| 4. FEI Number <b>65-0108081</b>   |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | <b>\$8.75</b> Additional Fee Required   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>HYMAN, SHERRY LEFKOWI<br/>200 ADMIRALS COVE BLVD<br/>JUPITER FL 33477</b>  |   |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DPS<br>FRANKEL, THOMAS<br>200 ADMIRALS COVE BLVD.<br>JUPITER FL           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/><br><b>000000351703</b><br><b>05/02/05-80157-009 150.00</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>FRANKEL, BENJAMIN<br>374 REGATTA<br>JUPITER FL 33477                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>FRANKEL, WILLIAM<br>1845 WALNUT ST STE 1610<br>PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DS<br>FRANKEL, THOMAS<br>200 ADMIRALS COVE BLVD<br>JUPITER FL             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |   |                                 |  |   |  |
| <b>SIGNATURE:</b> _____ <b>THOMAS FRANKEL, PRESIDENT</b> <b>4-15-05</b> <b>561-744-1031</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                                 |  |   |  |