

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 008 ***150.00

DOCUMENT # L25074

1. Entity Name
J.R.W. INVESTMENTS, INC.



Principal Place of Business
**7350 S US #1
PORT ST LUCIE, FL 34952 US**

Mailing Address
**7350 S US #1
PORT ST LUCIE, FL 34952 US**

40042269



01292008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0166174

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L.
1595 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARABIA, JOSEPHINE	
STREET ADDRESS	2277 KNOLLWOOD AVENUE	
CITY-ST-ZIP	POLAND, OH	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MICCO, WILLIAM	
STREET ADDRESS	407 DUFF CT	
CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARABIA, RONALD	
STREET ADDRESS	7350 S US #1	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICCO William	
STREET ADDRESS	9608 ENCLAVE PLACE	
CITY-ST-ZIP	Port St. Lucie FL 34986	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARABIA RONALD	
STREET ADDRESS	7224 TEAL CREEK GLEN	
CITY-ST-ZIP	BRADENTON FL 34202	
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 exemptions contained in Chapter 119, 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: William G. Micco **3/7/08 772340-0730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #