## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 09, 2004 08:00 AM **Secretary of State** DOCUMENT # M73520 JTW DESIGN GROUP, INC. Principal Place of Business Mailing Address 1125 MARINEWAY 1125 MARINEWAY .33 NORTH PALMBEACH FL 33408 NORTH PALMBEAGH, FL. 32408 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0041823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WEISLER, ARNOLD S DO NOT WRITE 1125 MARINE WAY J3L IN THIS SPACE N PALM BCH, FL 33408 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 native of regretered agent and time it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DSP BBE NAME WEISLER, JANICE T. STREET ADDRESS 1125 MARINE WAY, J3L U00000001495 01/12/04-80010-017 150.00 N. PALM BEACH, FL 33408 CITY-ST-ZIP VP TITLE WEISLER, ARNOLD S. NAME STREET ADDRESS 1125 MARINE WAY, J3L CITY-ST-ZEP N. PALM BEACH, FL 33408 TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP DILE IN THIS SPACE NAME STREET ADDRESS

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 of 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 altachmac, with an address, with all other like empowered.

SIGNATURE:

CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date

**FILED** 

T. Weisler President