

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81899

FILED
Jan 15, 2004
Secretary of State

Entity Name: JLW TECHNICAL COMMUNICATIONS, INC.

Current Principal Place of Business:

% LINDA G. WILLIAMS
1761 N.W. 12TH AVE.
HOMESTEAD, FL 33030

New Principal Place of Business:

%JOSEPH L WILLIAMS
1761 N.W. 12TH AVE.
HOMESTEAD, FL 33030

Current Mailing Address:

% LINDA G. WILLIAMS
1761 N.W. 12TH AVE.
HOMESTEAD, FL 33030

New Mailing Address:

% JOSEPH L WILLIAMS
1761 N.W. 12TH AVE.
HOMESTEAD, FL 33030

FEI Number: 65-0398545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH L
1761 N.W. 12TH AVE.
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, JOSEPH L.,
Address: 1761 N.W. 12TH AVE.
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, JOSEPH L PRESIDE
Address: 1761 N.W. 12TH AVE.
City-St-Zip: HOMESTEAD, FL

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: JOSEPH L. WILLIAMS

P

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date