2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000026235 1. Entity Name JCW MANAGEMENT INC.								Feb 04, 2004 08: Secretary of S	00 AN tate	1
Principal Plac	o of Business		Marilian	* 44		1				
Ì Ì		Mailing Address								
2897 BIG SKY BLVD KISSIMMEE FL 34744			2897 BIG SKY BLVD KISSIMMEE FL 34744				***************************************			
							-	3 (355)(352) 333 355)(3 55)(1 55)(1 65)(1 65)(2 55)(2 55)(3	8333 5 37 038 33381 8 1	HINNE IT 191943
2. Principal F	Place of Busin	3. Mailing Address				\dashv				
							{			
Suite, Apt. #, etc			Suite, Apt. #, etc.					MOORE CR2E034	(11/03)	
City & State			City & State			•	4	1. FEI Number 59-3642644	├ ───	plied For Applicable
Zıp	Zip Country		Zip C		Coun	untry			\$8.75 Add	istional
6. Name and Address of Current			Registered Agent				7.	. Name and Address of New Registered A	Fee Require: laent	3
Nar										
394	LEGA, JC O LAKE \ CLOUD F			Street Addres	ss (P.O	D. Box Number is Not Acceptable)				
313	CLOUD F									
						City		FL	Zip Code	Э
8. The above the obligat	named entit	y submits this statement for	r the purpo	se of changing its	register	l ed office or regis	stered	agent, or both, in the State of Florida. I am t	arrilliar with,	and accept
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
		!! FEE IS \$150.00 04 Fee will be \$550.00						9. Election Campaign Financing		O May Be
		Florida Department o	f State					Trust Fund Contribution.	i Added	to Fees
10.		OFFICERS AND	DIRECTOR	s	11.		,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
TITLE NAME	P Derete III								Change	Addition
STREET ADDRESS	WALEGA, JOHN E S 3940 LAKE VIEW ACRE RD ST					ET ADDRESS		U00000034978 02/06/04-80002-020	i iro oi	,
CITY ST-ZIP						-S7-ZIP		02700704-00002-021	: 130*08	}
MITE					7171	,			☐ Change	Addition
NAME STREET ADDRESS	WALEGA, MARTHA C			NA eri		ET ADDRESS				
CSTY-ST-ZIP						-ST-ZIP				
THTLE	☐ Belete 7971					E			Change	Addition
NAME OTRECT LEBESCO						ξ				
STREET ADORESS CITY-ST-ZIP						FT ADDRESS -ST-ZIP				
TITLE	 			☐ Delete	TITL				☐ Change	Addition
name					NAM	E				
STREET ADORESS CATY - ST - ZIP						ET ADDRESS -ST-ZIP				
TITLE				☐ Delete	3114				Chenn	- Addison
NAME				LT Délète	NAM				☐ Change	Addition
STREET ADDRESS						ET ADDRESS				
City-St-Zip	<u> </u>					-ST-ZIP				
TITLE NAME				Delete	TITLE	í			☐ Change	Addition
STREET ADDRESS					•	ET ADDRESS				
CITY - ST- ZIP	<u> </u>					-ST-ZIP				
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: John Walesa 8/3/04 407-847-7788										
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