


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000041252</b> 1. Entity Name PJW SALES, INC.	
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Principal Place of Business 3602 GATEWOOD DR ORLANDO, FL 32812	Mailing Address 3602 GATEWOOD DR ORLANDO, FL 32812
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**DO NOT WRITE IN THIS SPACE**

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02282003    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3641539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

WHEELLES, JANICE  
5103 LEEWARD WAY  
ORLANDO, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHEELLES, E PAUL 3602 GATEWOOD DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHEELLES, JANICE 3602 GATEWOOD DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Did not receive card in mail.</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000159340  
05/10/04-80025-013 150.00

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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: *Janice Wheelles*    5-504    407 857-1113

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