

ANNUAL REPORT**DOCUMENT # P00000105032**1. Entity Name
JMJW LAND, INC.Principal Place of Business
**20 VIRGINIA COURT
STE. E
ENGLEWOOD, FL 34223**Mailing Address
**1155 BAYSHORE DR.
ENGLEWOOD, FL 34223****FILED**
Jan 24, 2008 08:00 A
Secretary of State

01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**DICKINSON, ROBERT A
460 S. INDIANA AVENUE
ENGLEWOOD, FL 34223****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000795360

01/28/08-80045-005 150.00

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DENNIS J 1155 BAYSHORE DR. ENGLEWOOD, FL 34223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, SUSANNE E 1155 BAYSHORE DR. ENGLEWOOD, FL 34223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, SUSANNE E 1155 BAYSHORE DR. ENGLEWOOD, FL 34223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE****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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. MILLER 1/22/08 941-468-5253

Date

Daytime Phone #