

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 18, 2007 8:00 am  
Secretary of State**

04-18-2007 90180 014 \*\*\*150.00

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1. Entity Name  
JWA CORPORATION OF TAMPA



Principal Place of Business  
15210 AMBERLY DR  
#1617  
TAMPA, FL 33647

Mailing Address  
15210 AMBERLY DR.  
#1617  
TAMPA, FL 33647

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3692060	Applied For
	Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JOSHUA  
15210 AMBERLY DR.  
#1617  
TAMPA, FL 33647

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ANDERSON, JOSHUA  
STREET ADDRESS 15210 AMBERLY DR.  
CITY-ST-ZIP TAMPA, FL 33647

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

*Joshua Anderson*

*4/16/07*

Daytime Phone #