

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90005 029 ***158.75

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1. Entity Name

JWB PUBLISHING, INC.



Principal Place of Business

**6201-29 AVE NO
ST PETERSBURG FL 33710**

Mailing Address

**6201-29 AVE NO
ST PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

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

**BRAUCHT, JOHN W
6201-29TH AVE N
ST PETERSBURG FL 33710**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUCHT, JOHN W	
STREET ADDRESS	6201 29TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710-3207	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARTER, TOM	
STREET ADDRESS	8637 SW 108 LANE RD.	
CITY-ST-ZIP	OCALA FL 34481-5381	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GALDWAY, JODI	
STREET ADDRESS	6201-29 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710-3207	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAUCHT, LUELLA D	
STREET ADDRESS	6201 29TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710-3207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winter Pauline	
STREET ADDRESS	8733 cortex Rd	
CITY-ST-ZIP	Sebring, FL 33876	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 W Braucht **JOHN W BRAUCHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-04 727-347-1051