

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000018222 1. Entity Name J.W. CHEATHAM, INC.	
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Principal Place of Business 7396 WESTPORT PL. WEST PALM BEACH, FL 33413	Mailing Address 7396 WESTPORT PL. WEST PALM BEACH, FL 33413
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0606771	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHEATHAM, JW 7396 WESTPORT PLACE WEST PALM BEACH, FL 33413

**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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP CHEATHAM, JOHN W 7396 WESTPORT PL. WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS UHRIG, THOMAS P 7396 WESTPORT PL. WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BROWN, SHERRY Y 7396 WESTPORT PLACE WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000301102
04/13/05-80018-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 (561) 471-4100
Date Daytime Phone #