


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 015 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054535
 1. Entity Name
JSWHD CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
85 EAST MERRITT IS. CSWY.

3. Mailing Address
 Suite, Apt. #, etc.
SUITE B.

City & State
MERRITT ISLAND, FLORIDA

City & State
 City & State

4. FEI Number **11-3647645**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **JOHN L. SOILEAU P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1970 MICHIGAN AVE. BUILDING C

City **COCOA, FL** Zip Code **32922**

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 _____

January 1 - May 1: Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	P/T/D WALTER H. DYER 111 3625 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S/D - JAMES SLATTERY 9608 RIVERBEND RD. GLEN ST. MARY FL. 32040	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter H. Dyer, President Date 04/08/2003

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

CR2E034B (12/02)