2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90147 023 ***150.00

DOCUMENT # P02000061371

1. Entity Name
JEFFREY S. WARD & ASSOCIATES, INC.

40052382

04012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
11147 LONGSHORE WAY W. NAPLES, FL 34119	11147 LONGSHORE WAY W. NAPLES, FL 34119

2. Principal Place of Business	3. Mailing Address
14401 Bookcliff Court	14401 Bookcliff Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Purcellville, VA	City & State: Purcellville, VA
Zip: 20132 Country:	Zip: 20132 Country:

4. FEI Number: 01-0722967 ☐ 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
GRUBER, DAVID M 5150 TAMIAMI TRAIL NORTH # 501 NAPLES, FL 34103	Name: ~~Gruber, David M.~~ Street Address (P.O. Box Number is Not Acceptable): 5150 Tamiami Trail North, #205 City: Naples FL Zip Code: 34103

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] CVA   4/4/05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	WARD, JEFFREY S	NAME	Ward, Jeffrey S
STREET ADDRESS	11147 LONGSHORE WAY W.	STREET ADDRESS	14401 Bookcliff Court
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Purcellville, VA 20132
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature]   4/6/05   239 784 6902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #