2007 FOR PROFIT CORPORATION

Sep 11, 2007 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P03000065929 1. Entity Name J & W INVESTMENTS OF NAPLES, INC. Principal Place of Susiness Mailing Address 2200 KINGS LAKE BLVD 2200 KINGS LAKE BLVD NAPLES, FL 34112-5329 NAPLES, FL 34112-5329 07102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0184214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JACKSON, RONALD J DO NOT WRITE 2200 KINGS LAKE BLVD NAPLES, FL 34112-5329 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) U00000773776 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 09/11/07-80006-011 550.00 Due by September 14, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MEE JACKSON, RONALD J NAME STREET ADDRESS 2200 KINGS LAKE BLVD_ CITY-ST-ZIP NAPLES, FL 341125329 TITLE WOOD, RICHARD P MAMS STREET ADDRESS 2200 KINGS LAKE BLVD NAPLES, FL 341125329 CITY - ST - ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 optrustee 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED