

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90417 050 ***150.00

DOCUMENT # P03000070659

1. Entity Name
JMW MANAGEMENT, INC.



Principal Place of Business
**71 INTERLAKEN ROAD
ORLANDO, FL 32804**

Mailing Address
**71 INTERLAKEN ROAD
ORLANDO, FL 32804**

50013075



2. Principal Place of Business
50 INTERLAKEN RD.
Suite, Apt. #, etc.

3. Mailing Address
50 INTERLAKEN RD.
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
20-0859711

Applied For
Not Applicable

Zip
32804 Country
USA

Zip
32804 Country
USA

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

**W. CHARLES SHUFFIELD
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
WILLIAMS, JANE I
71 INTERLAKEN ROAD
ORLANDO, FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
BORLING, CATHERINE ANN MCKELLAR
71 INTERLAKEN ROAD
ORLANDO, FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCKELLAR, KENNETH B
71 INTERLAKEN ROAD
ORLANDO, FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Catherine Ann Borling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 407-293-0186
Date Daytime Phone #