

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000070659

1. Entity Name
JMW MANAGEMENT, INC.



Principal Place of Business
50 INTERLAKEN RD
ORLANDO, FL 32804

Mailing Address
50 INTERLAKEN RD
ORLANDO, FL 32804



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0859711

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

000000861026
04/02/08-80084-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	WILLIAMS, JANE I
STREET ADDRESS	71 INTERLAKEN ROAD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VT
NAME	BORLING, CATHERINE ANN MCKELLAR
STREET ADDRESS	71 INTERLAKEN ROAD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	V
NAME	MCKELLAR, KENNETH B
STREET ADDRESS	71 INTERLAKEN ROAD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 M Borling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE M BORLING **3/12/08** **4072930186**

Date

Daytime Phone #