


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000091912
1. Entity Name
JSW & SONS INC



Principal Place of Business
**9715 LITHIA PINECREST RD
LITHIA, FL 33547**

Mailing Address
**9715 LITHIA PINECREST RD
LITHIA, FL 33547**

DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0180593 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WACASER, JEFFREY S
9715 LITHIA PINECREST RD
LITHIA, FL 33547**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WACASER, JEFFREY S 9715 LITHIA PINECREST RD. LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WACASER, NICOLE M 9715 LITHIA PINECREST RD. LITHIA, FL 33547
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jeffrey S Wacaser 2/16/05 (813) 205-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #