


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90001 023 ***150.00

DOCUMENT # P03000128907

1. Entity Name
JWL DECKING, INC



Principal Place of Business
**2970 TOHOPEKALIGA DRIVE
 ST. CLOUD, FL 34772**

Mailing Address
**2970 TOHOPEKALIGA DRIVE
 ST. CLOUD, FL 34772**

54014928

2. Principal Place of Business
St. Cloud Fla
 Suite, Apt. #, etc.

3. Mailing Address
2970 Tohopekaliga Dr
 Suite, Apt. #, etc.



01132004 Chg-P CR2E034 (10/03)

City & State
St. Cloud Fla

City & State
St. Cloud Florida

Zip
34772

Country
USA

Zip
34772

Country
USA

4. FEI Number
20-0369345

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LITTLE, JOSEPH W
 2970 TOHOPEKALIGA DRIVE
 ST. CLOUD, FL 34772**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LITTLE, JOSEPH W | |
| STREET ADDRESS | 2970 TOHOPEKALIGA DRIVE | |
| CITY-ST-ZIP | ST. CLOUD, FL 34772 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LITTLE, KACKI H | |
| STREET ADDRESS | 2970 TOHOPEKALIGA DRIVE | |
| CITY-ST-ZIP | ST CLOUD, FL 34769 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: Joseph W Little **Joseph W. Little**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1-13-04 (407) 892-8034