

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000008425

1. Entity Name
JDW FINANCIAL SERVICES, INC.



Principal Place of Business
1101 LYNX TRAIL
WINTER SPRINGS, FL 32708

Mailing Address
1101 LYNX TRAIL
WINTER SPRINGS, FL 32708



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0641333

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, JEFFREY D
1101 LYNX TRAIL
WINTER SPRINGS, FL 32708

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000721418
05/01/07-80145-007 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WOODWARD, JEFFREY D
STREET ADDRESS 1101 LYNX TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D
NAME WOODWARD, LISA A
STREET ADDRESS 1101 LYNX TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE
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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: Jeffrey D Woodward **JEFFREY D WOODWARD** 4/20/07 407 365 3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #