

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90538 029 ***150.00

DOCUMENT # P04000009397

1. Entity Name
MJW INVESTMENTS, INC.



Principal Place of Business

**5400 BATES ST
SEMINOLE, FL 33772**

Mailing Address

**5400 BATES ST
SEMINOLE, FL 33772**

50046422



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0579972

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOUSA, SUSAN A
5400 BATES ST
SEMINOLE, FL 33772**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
NAME **SOUSA, SUSAN A**
STREET ADDRESS **5400 BATES ST**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **D** ☐ Delete
NAME **WHITMAN, SHELLEY H**
STREET ADDRESS **6100 ST ANDREW CT**
CITY-ST-ZIP **PONTE VEDRA BCH, FL 32082**

TITLE **D** ☐ Delete
NAME **WHITMAN, MARC D**
STREET ADDRESS **1615 W DYNAMITE LN**
CITY-ST-ZIP **SPOKANE, WA 99224**

TITLE **D** ☐ Delete
NAME **WHITMAN, MARTHA L**
STREET ADDRESS **1485 HOLLY LAKE CIR**
CITY-ST-ZIP **SNELVILLE, GA 30078**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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:

Susan A. Sousa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

(727) 420-4269
Daytime Phone #

Susan A. Sousa