

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 24, 2008  
Secretary of State**

DOCUMENT# P04000009783

Entity Name: JFW FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2613B NE 3RD ST  
A  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

2613B NE 3RD ST  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 20-0667034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDEN, JEFFERSON  
2613B NE 3RD ST  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIRE ( ) Delete  
Name: WALDEN, JEFFERSON F  
Address: 2613A NE 3RD ST  
City-St-Zip: Ocala, FL 34470

Title: P (X) Delete  
Name: CRAWFORD, PATRICIA O  
Address: 2613 NE 3RD ST.  
City-St-Zip: Ocala, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WALDEN, JEFFERSON F  
Address: 2613A NE 3RD ST  
City-St-Zip: Ocala, FL 34470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERSON WALDEN

PRES

11/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date