## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000082284

City-St-Zip:

CAPE CORAL, FL 33914

FILED Oct 17, 2005 Secretary of State

Entity Na	me: K&WAL	JTO SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
908 SE 8TH PL. CAPE CORAL, FL 33990				941 E COUNTRY CLUB BLVD CAPE CORAL, FL 33990	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
908 SE 8TH PL. CAPE CORAL, FL 33990			1206 SE 20TH CT CAPE CORAL, FL 33990		
FEI Number	: 20-2336112	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1206 SE 2 CAPE CO	RAL, FL 33990		ourpose of changing its registered	d office or registered agent, or both,	
	e of Florida.	•		,	
SIGNATU		A C. WILLIAMS ic Signature of Registered Age	ent	 Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () WILLIAMS, CO 1206 SE 20TH CAPE CORAL,	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () WILLIAMS, WA 1206 SE 20TH CAPE CORAL,	CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VD () KALIES, KENNI 4128 SW 20TH		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: COLETTA C. WILLIAMS PD 10/17/2005