## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am

ANITOAL NEFONT					Sacratary of State				
DOCUMENT # P04000110393				Secretary of State					
1. Entity Name					04-11-2005 90163 045 ***150.00				
JSW INVESTMENT PROPERTIES, INC.			<b>建</b> 频						
Principal Place	e of Business	Mailing Address		{					
1251 SUMMIT OAKS DR. E 1251 SUMMIT OAKS DR. E									
JACKSONVILLE, FL 32221 JACKSONVILLE, FL 32221									
				1	( <b>1891)</b>	EGNT ÉLEK EGYP SER	I <b>erir</b> ! kom men o	ONE CHIE CONTRACTOR	11 li li li
2. Principal Place of Business 3. Mailing Address									
			ew Dri	رو_	8=1/4=1  \	Elik Rian Afilt Avi	08101 (1251 HOA BI	rymu faran amamu tint	PA: 11 18E)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		l	03022005	Chg-P	CR2E0	34 (10/03)	
Orange Park Fr Orange Park			FI		4. FEI Number   Applied For   Not Applicable				
Zip	Country	Zip	Country			of Status Desire		\$8.75 Addi	
3201			JSA					Fee Required	<u>'</u>
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
WARD, JAMES S JR.									
1251 SUMMIT OAKS DR. E					P.O. Box Nomber is Not-Acceptable)				
JACKSONVILLE, FL 32221							<u></u>		
			ethy		0 1			Zin Code	
Urange Park FL 3206S									
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.									
2.9-0									
SIGNATURE Signapate, hyper or printed name of registered agent applicable. (NOTE: Registered Agent argusture required when relinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.  Added to Fees									
							OFFICERÓ AL	D. D. C.	
10.	OFFICERS AND	DIRECTORS Delete	11. IIILE			CHANGES TO		TT-effagos	Addition
NAME	WARD, JAMES S JR.	L beide	NAME	_		احدما	Drive	Ligg Grandige	
STREET ADDRESS	1251 SUMMIT OAKS DR. E		STREET ADDRESS	618	Ware	,, O	-20		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	<u>Ora</u>	Waken nge Pa Wake nge Par	rk 17	_ 320	<u> </u>	
TITLE NAME	VD WARD, MELISSA A	, 💭 Delete	TITLE NAME					-Citange	☐ Addition
STREET ADDRESS	1251 SUMMIT OAKS DR. E		STREET ADDRESS	618	Wake	View	Drive		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	Oras	age Par	K F	320	_ كما	
IIITE		Delete	TITLE		<del></del>			☐ Change	Addition
NAME			, NAME						1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					_	
TITLE		☐ Delete	TITLE				· · · · · · ·	☐ Change	Addition
NAME		<b>—</b> 500.00	NAME						_
STREET ADDRESS	1		STREET ADDRESS						ļ
CITY-ST-ZIP			CITY-ST-ZIP	ļ		······································			
TITLE NAME		Delete	TTTLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE	]				☐ Change	Addition
NAME	İ		NAME						
	1								
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<u> </u> 					

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 enpowered. Idress with all other like en pours.

SIGNATURE: