2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

| | AMMORE | KLFOKI | | | secretai | ry oi Sta | ite |
|--|--|--|--|--|--|--|------------------------------|
| DOCUMENT # P04000124471 1. Entity Name | | | | | | 296 032 ***150. | |
| JSWL | GHTING SPECIALISTS, INC | | | | | | |
| Principal Place of Business Mailing Address | | | | | | 5004316 | Э |
| 5411 17TH AVENUE W 5411 17TH AVENUE W BRADENTON, FL 34207 BRADENTON, FL 34207 | | | 1 | ļ | .` | 0004020 | V |
| | | | | |)) (5)) (1) | | JS1051 1011 |
| 2. Principal Place of Business XE West 3. Mailing Address 2813 17th AVE West 2813 17th | | | 1 AVE | ! Nest | | | |
| Suite, Apt | | Suite, Apt. #, etc. | | 04212005 | Chg-P | CR2E034 (10/03) | |
| City & Sta | DENTON, FL | City & State BRADENTE | W. FL | 4. FEI Num 20-1 | | —————————————————————————————————————— | pplied For lot Applicable |
| 3421 | 05 USA | 34205 | Country | L | e of Status Desired | See Require | |
| } | 6. Name and Address of Current F | Registered Agent | | 7. Name ar | d Address of New R | egistered Agent | |
| REILLY, VIOLET M 8950 SEMINOLE BLVD SUITE 2 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| SEMINOLE, FL 33772 | | | | | | | |
| <u> </u> | | | City | | | FL Zip Coo | de |
| 8. The above | e named entity submits this statement for tions of registered agent. | the purpose of changing its re | egistered office or | registered agent, or b | oth, in the State of Fic | orida. I am familiar with | , and accept |
| SIGNATURE | | | | | | <u>.</u> | |
| <u> </u> | Signature, typed or printed name of registered agent ar | nd title il applicable. (NOTE: | Registered Agent signat | ure required when reinstating) | 313 . er : | DATE | S (E S) |
| Fil After M | .E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contrit | | \$5.00 May Be Added to Fees | | the second production of | A GOR . S. P.S. |
| 10. | OFFICERS AND D | PIRECTORS | 11. | ADDITIONS | CHANGES TO OFFI | CERS AND DIRECTOR | |
| TITLE NAME | P,T WHEELER, JUDITH S | Delete | TITLE NAME | | | — Change | Addition [] |
| STREET ADDRESS | 5411 17TH AVENUE W | - | STREET ADDRESS | | | | |
| CITY-ST-ZIP | BRADENTON, FL 34207 | <u> </u> | CITY-ST-ZIP | | | | |
| TITLE NAME | VP,S WHEELER, RANDALL A | ☐ Delete | TITLE | PRESIDENT | DAULAH A | 💢 Change | ☐ Addition |
| STREET ADDRESS | 5411 17TH AVENUE W | | NAME STREET ADDRESS | PRESIDENT WHEELER 2813 17tH | ALKE U | • | |
| CITY-ST-ZIP | BRADENTON, FL 34207 | | CITY-ST-ZIP | BRADENTO | C.FL 342 | 05 | , |
| TITLE | | ☐ Delete | TITLE | | -/ | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | NAME STREET ADDRESS | . <u></u> | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | • | NAME STREET ADDRESS | | | | , |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | ļ |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAME | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | , | | | |
| TITLE | | ☐ Delete | TITLE | | Section Section Sections | ☐ Change | i ☐ Addition |
| NAME > | | - A. C. | NAME | | والمستريد والمستريد | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | 4 |
| 12. I hereby of indicated | certify that the information supplied with the on this report or supplemental report is the possible of the receiver of the top of the receiver of the top of the receiver of the top of th | nis filing does not qualify for thrue and accurate and that my | ne exemption state signature shall ha | ed in Section 119.07(3) ave the same legal effe | (i), Florida Statutes, t | further certify that the in | of director |

indicated on this report or supplied with this fling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05

<u> 813-789-0149</u>