


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000010937		
1. Entity Name JWS MOVING & DELIVERY INCORPORATED		
Principal Place of Business 3718 4TH STREET WEST LEHIGH ACRES, FL 33971	Mailing Address 3718 4TH STREET WEST LEHIGH ACRES, FL 33971	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SYLVESTER, JOHN 3718 4TH STREET WEST LEHIGH ACRES, FL 33971		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SYLVESTER, JOHN 3718 4TH STREET WEST LEHIGH ACRES, FL 33971	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John Sylvester</u>		Date <u>4/24</u> Daytime Phone # <u>239-275-0835</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2222274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000737082
05/11/07-80013-017 150.00

**DO NOT WRITE
IN THIS SPACE**