

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000067062

1. Entity Name
J W C CONTRACTORS INCPrincipal Place of Business
8781 FOREST HILLS BLDV
CORAL SPRINGS, FL 33065 USMailing Address
8781 FOREST HILLS BLDV
CORAL SPRINGS, FL 33065 US

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2807392 Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLIS, CARMEN L
8781 FOREST HILLS BLDV
CORAL SPRINGS, FL 33065DO 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLIS, CARMEN L
STREET ADDRESS	8781 FOREST HILLS BLDV
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VP
NAME	LAGIGLIA, WALTER L
STREET ADDRESS	8781 FOREST HILLS BLDV
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/08-80001-025 150.00DO NOT WRITE
IN THIS SPACE

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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____