


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90036 022 \*\*\*150.00

**DOCUMENT # P06000016316**

1. Entity Name  
**JAWS INC.**



Principal Place of Business  
**5621 CHAMPIONS DR.  
PACE, FL 32571**

Mailing Address  
**5621 CHAMPIONS DR.  
PACE, FL 32571**

2. Principal Place of Business - No P.O. Box #  
**8417 CHOKECHERRY TER**  
Suite, Apt. #, etc.

3. Mailing Address  
**8417 CHOKECHERRY TER.**  
Suite, Apt. #, etc.


City & State  
**PENSACOLA, FL**

City & State  
**PENSACOLA, FL**

Zip  
**32514** Country  
**USA**

Zip  
**32514** Country  
**USA**

**4012700~**



07242007 Chg-P CR2E034 (12/06)

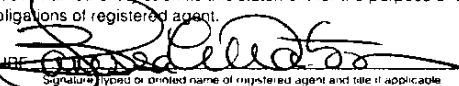
4. FEI Number  
**43-2106528** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**WATSON, VANESSA A  
5621 CHAMPIONS DR.  
PACE, FL 32571**

7. Name and Address of New Registered Agent  
Name  
**VANESSA WATSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**8417 CHOKECHERRY TER.**  
City  
**PENSACOLA FL** Zip Code  
**32514**

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.

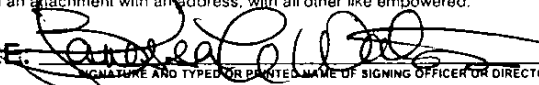
SIGNATURE  DATE **7/25/07**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution  **\$5.00** May Be  
Added to Fees In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WATSON, VANESSA A</b> <b>5621 CHAMPIONS DR.</b> <b>PACE, FL 32571</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WATSON, VANESSA A.</b> <b>8417 CHOKECHERRY TER.</b> <b>PENSACOLA, FL 32514</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>WATSON, MARC E</b> <b>5621 CHAMPIONS DR.</b> <b>PACE, FL 32571</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>WATSON, MARC E.</b> <b>8417 CHOKECHERRY TER.</b> <b>PENSACOLA, FL 32514</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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  DATE **7/25/07**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR