

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113677

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: JRW MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

2890 JEFFERSON STREET  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6286  
MARIANNA, FL 324476286

**New Mailing Address:**

FEI Number: 42-1712703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, ROGER  
4521 DEER RUN  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: WILLIAMS, JUDITH R  
Address: 2890 JEFFERSON STREET  
City-St-Zip: MARIANNA, FL 32446

Title: V ( ) Delete  
Name: WILLIAMS, ROGER  
Address: 4521 DEER RUN  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH R. WILLIAMS

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01/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date