

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90021 042 ***158.75

DOCUMENT # P07000078730

1. Entity Name
JOHN WARD DESIGNS, INC.



Principal Place of Business
**4723 BIRKENHEAD RD.
JACKSONVILLE, FL 32210**

Mailing Address
**4723 BIRKENHEAD RD.
JACKSONVILLE, FL 32210**

40109905



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0527910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHENS, JAMES G JR.
106 CANAL BLVD., SUITE B
PONTE VEDRA BCH, FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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
**PD
WARD, JOHN
4723 BIRKENHEAD RD.
JACKSONVILLE, FL 32210**



TITLE
NAME
STREET ADDRESS
CITY ST ZIP



TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**STD
WARD, SUSANNE
4723 BIRKENHEAD RD.
JACKSONVILLE, FL 32210**



TITLE
NAME
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CITY ST ZIP



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CITY ST ZIP



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 it 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:

John Ward

John Ward (PD)

07/07/2008

904 859 4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #