

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90202 002 ***158.75

DOCUMENT # P07000094273

1. Entity Name
J.W. CONSTRUCTION MANAGEMENT CORP.



Principal Place of Business
14226 COLONIAL GRAND BOULEVARD
ORLANDO, FL 32837

Mailing Address

14226 COLONIAL GRAND BOULEVARD
ORLANDO, FL 32837

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

3. Mailing Address

Suite, Apt. #, etc.
2709.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

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

LONGMAN, J.WALTER
14226 COLONIAL GRAND BOULEVARD
ORLANDO, FL 32837

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME VELTRE, BRENDA J
STREET ADDRESS 14226 COLONIAL GRAND BOULEVARD
CITY-ST-ZIP ORLANDO, FL 32837

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST Delete
NAME LONGMAN, J.WALTER
STREET ADDRESS 14226 COLONIAL GRAND BOULEVARD
CITY-ST-ZIP ORLANDO, FL 32837

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 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: *J.W. Longman* J.W. LONGMAN 4-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #