

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000050638 1. Entity Name JPW COALS, INC.																																																																									
Principal Place of Business 28410 VERDE LN BONITA SPRINGS FL 34135 US		Mailing Address 28410 VERDE LN BONITA SPRINGS FL 34135 US																																																																							
2. Principal Place of Business - If P.O. Box # ABOVE		3. Mailing Address ABOVE																																																																							
State, Apt. #, etc. 		State, Apt. #, etc. 																																																																							
City & State 		City & State 																																																																							
Zip 34135		Zip 34135																																																																							
Country USA		Country USA																																																																							
4. FEI Number 65-0423782		Applied For Not Applicable																																																																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent GARLICK, THOMAS B 800 LAUREL OAK DR SUITE 400 NAPLES FL 33963		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered agent responsible for filing this statement) DATE _____																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>D WALSH, JOSEPH P</td> <td>28410 VERDE LN</td> <td>BONITA SPRINGS FL</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		D WALSH, JOSEPH P	28410 VERDE LN	BONITA SPRINGS FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete																																																																					
	D WALSH, JOSEPH P	28410 VERDE LN	BONITA SPRINGS FL																																																																						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">☐ Delete</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete																															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																														
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete																																																																					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																																																					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 true particulars.																																																																									
SIGNATURE: <u><i>JPW Walsh</i></u> CHAIRMAN <u><i>2/5/2008</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																									