

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 003 ***150.00

DOCUMENT # P93000072984

1. Entity Name
JTW INC.



Principal Place of Business

2701 SW COLLEGE RD
SUITE 109
OCALA, FL 34474 US

Mailing Address

2315 SE 30TH ST
OCALA, FL 34471 US

50052598



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3244240

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITMARSH, TODD A
2315 SE 30TH ST
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

B. 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
Due by September 7, 2005**

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

TITLE	P
NAME	WHITMARSH, TODD A
STREET ADDRESS	2315 SE 30TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	S
NAME	WHITMARSH, VERONICA S
STREET ADDRESS	2315 SE 30TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	WHITMARSH, VERONICA S
STREET ADDRESS	2315 SE 30TH ST
CITY-ST-ZIP	OCALA, FL
TITLE	T
NAME	WHITMARSH, TODD A
STREET ADDRESS	2315 SE 30TH ST
CITY-ST-ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 687, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-12-05