2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 07, 2004 8:00 am Secretary of State **DOCUMENT # P94000031303** 05-07-2004 90136 025 ***150.00 1. Entity Name JW GROUP INC. Principal Place of Business . Mailing Address 741171777 2004 SABAL PALM DRIVE 2004 SABAL PALM DR EDGEWATER FL 32141 EDGEWATER FL 32141 3. Mailing Address 2. Principal Place of Business 399 (c Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0496541 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WENNER, JOYCE A Street Address (P.O. Box Number is Not Acceptable) 2004 SABAL PALM DRIVE **EDGEWATER FL 32141** City 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 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ППLЕ ☐ Delete TITLE Addition ☐ Change WENNER, JOYCE A NAME NAME STREET ADDRESS 2004 SABAL PALM DRIVE STREET ADDRESS CITY-ST-ZIP **EDGEWATER FL 32141** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7(P CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED