


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90076 042 \*\*\*150.00

<b>DOCUMENT # P95000002604</b>	
1. Entity Name <b>J.A.W. CONSTRUCTION ENTERPRISES, INC.</b>	
	
Principal Place of Business <b>7305 SE 174 TERR HAWTHORNE, FL 32640 US</b>	Mailing Address <b>7305 SE 174 TERR HAWTHORNE, FL 32640 US</b>



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3299087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>WELLS, REBECCA L 7305 SE 174TH TERRACE HAWTHORNE, FL 32640</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WELLS, JOHN A 7305 S.E. 174 TERR. HAWTHORNE, FL 32640
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rebecca L. Wells* 3/27/07 352-481-4854