

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90189 032 ***150.00

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1. Entity Name
JW LANDHOLDING, INC.

Principal Place of Business
5420 MAULE WAY
MANGONIA PARK, FL 33407

Mailing Address
PO BOX 16245
WEST PALM BEACH, FL 33416

94069971



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0587284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JARRIEL, ROBERT J
5420 MAULE WAY
MANGONIA PARK, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JARRIEL, ROBERT J
STREET ADDRESS	800 RANCH RD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	JARRIEL, GLORIA A
STREET ADDRESS	800 RANCH RD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	WICHTERMAN, THOMAS O
STREET ADDRESS	5662 SNEAD CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	WICHTERMAN, BOBBIE
STREET ADDRESS	5662 SNEAD CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
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 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 #

Gloria JARRIEL 4/21/04