


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90111 035 ***150.00

DOCUMENT # P96000097003

1. Entity Name
J.W. WARSAW TRUCKING INC.



Principal Place of Business Mailing Address
P.O. BOX 1441 **P.O. BOX 1441**
OLDSMAR, FL 34677-1441 US **OLDSMAR, FL 34677-1441 US**

24044716



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04102004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-3417678 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

WIECKOWSKI, WACLAW
353 SHORE DR E
OLDSMAR, FL 34677-3915

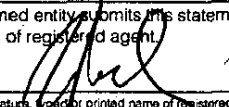
7. Name and Address of New Registered Agent

Name **Waclaw Wieckowski**

Street Address (P.O. Box Number is Not Acceptable)
17007 Azalea Court, Unit B

City **Oldsmar** FL Zip Code **34677**

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  **Waclaw Wieckowski** DATE **04/12/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) 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

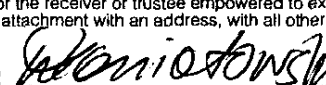
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PONIATOWSKI, WIESLAW	
STREET ADDRESS	5125 SWEETGRASS LANE	
CITY-ST-ZIP	COLORADO SPRINGS, CO 809222122	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PONIATOWSKI, JANINA	
STREET ADDRESS	5125 SWEETGRASS LANE	
CITY-ST-ZIP	COLORADO SPRINGS, CO 809222112	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATKINSON, JOANNA	
STREET ADDRESS	5125 SWEETGRASS LANE	
CITY-ST-ZIP	COLORADO SPRINGS, CO 809222112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONIATOWSKI, WIESLAW	
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80922	
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONIATOWSKI, JANINA	
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80922	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, JOANNA	
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Wieslaw Poniatowski** President DATE **04/12/2004** DAYTIME PHONE # **(719)337-8586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #