



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000097003							
1. Entity Name J.W. WARSAW TRUCKING INC.							
Principal Place of Business P.O. BOX 1441 OLDSMAR FL 34677-1441 US			Mailing Address P.O. BOX 1441 OLDSMAR FL 34677-1441 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		4. FEI Number 59-3417678			
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WIECKOWSKI, WACLAW 17007 AZALEA COURT UNIT B OLDSMAR FL 34677			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PONIATOWSKI, WIESLAW		NAME	100000342123 04/23/05-80041-006 150.00			
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205		STREET ADDRESS				
CITY-ST-ZIP	COLORADO SPRINGS CO 80922		CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PONIATOWSKI, JANINA		NAME				
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205		STREET ADDRESS				
CITY-ST-ZIP	COLORADO SPRINGS CO 80922		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ATKINSON, JOANNA		NAME				
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205		STREET ADDRESS				
CITY-ST-ZIP	COLORADO SPRINGS CO 80922		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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STREET ADDRESS			STREET ADDRESS				
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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)(f), 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: <i>Wieslaw Poniatowski</i>			WIESLAW PONIATOWSKI				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 04/23/2005				