


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 Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3417678 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WIECKOWSKI, WACLAW 17007 AZALEA COURT UNIT B OLDSMAR FL 34677	
7. Name and Address of New Registered Agent 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) DATE _____					
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					
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
NAME	P		NAME	PONIAOWSKI, WIESLAW	
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205		STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205	
CITY - ST - ZIP	COLORADO SPRINGS CO 80922		CITY - ST - ZIP	COLORADO SPRINGS CO 80922	
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
NAME	VPT		NAME	PONIAOWSKI, JANINA	
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205		STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205	
CITY - ST - ZIP	COLORADO SPRINGS CO 80922		CITY - ST - ZIP	COLORADO SPRINGS CO 80922	
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
NAME	S		NAME	ATKINSON, JOANNA	
STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205		STREET ADDRESS	6145 MUSTANG MEADOW PT, APT 205	
CITY - ST - ZIP	COLORADO SPRINGS CO 80922		CITY - ST - ZIP	COLORADO SPRINGS CO 80922	
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change <input type="checkbox"/> Addition <input type="checkbox"/> 1100000342123 04/29/05-80041-006 150.00					
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: Wieslaw Poniatowski WIESLAW PONIAOWSKI 04/23/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					