

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000052096

1. Entity Name
JNW OF CENTRAL FLORIDA, INC.



FILED

05 SEP 23 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1849 DANIELS ST.
KISSIMMEE, FL 34746

Mailing Address
1849 DANIELS ST.
KISSIMMEE, FL 34746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09192005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3452447

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELSH, JOSEPH N
1849 DANIELS ST.
KISSIMMEE, FL 34746

Name
Susan E. Welsh

Street Address (P.O. Box Number is Not Acceptable)
1849 Daniels Street

City
Kissimmee

FL

Zip Code
34746

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

Susan E. Welsh

9/19/05

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
WELSH, JOSEPH N
STREET ADDRESS
1849 DANIELS ST.
CITY- ST- ZIP
KISSIMMEE, FL 34746 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D, P/S/T
Susan E. Welsh
STREET ADDRESS
1849 Daniels Street
CITY- ST- ZIP
Kissimmee, FL 34746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 with an attachment with an address with all other like empowered.

SIGNATURE:

Susan E. Welsh

9/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

700060005367
09/27/05--01041--018 **140.00