


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000069492 1. Entity Name JKW AND ASSOCIATES, INC.	
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Principal Place of Business 522 EAST NEW MARKET ROAD IMMOKALEE, FL 34142	Mailing Address P. O BOX 3544 IMMOKALEE, FL 34143 US
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3462363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WARFORD, JEANNE KAY 522 EAST NEW MARKET ROAD IMMOKALEE, FL 34142	DO NOT WRITE IN THIS SPACE
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARFORD, JEANNE KAY P.O. BOX 5123 N/A IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, TAMMY KAY 4002 OAK HAVEN DRIVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, KATHERINE E PO BOX 5123 IMOKALEE, FL 34143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80077-019 150.00

**DO NOT WRITE
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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: <i>Jeanne Kay Warford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JEANNE K. WARFORD	04/18/05	239-658-6158
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