

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000069492

1. Entity Name

JKW AND ASSOCIATES, INC.



Principal Place of Business

522 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142

Mailing Address

P O BOX 3544
IMMOKALEE, FL 34143 US



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3462363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARFORD, JEANNE KAY
STREET ADDRESS	P.O. BOX 5123 N/A
CITY- ST- ZIP	IMMOKALEE, FL 34143
TITLE	D
NAME	BASS, TAMMY KAY
STREET ADDRESS	4002 OAK HAVEN DRIVE
CITY- ST- ZIP	LABELLE, FL 33935
TITLE	D
NAME	PRICE, KATHERINE E
STREET ADDRESS	PO BOX 5123
CITY- ST- ZIP	IMOKALEE, FL 34143
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/02/06-80142-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jeane K Warford JEANNE K. WARFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06
Date

239-658-6158
Daytime Phone #