

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
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



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3462363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000907151
05/05/08-80026-024 150.00

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 DION, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Jeanne K Warford JEANNE K. WARFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/08

Date

239-658-6158

Daytime Phone #