

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000069492

Entity Name: JKW AND ASSOCIATES, INC.

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

522 EAST NEW MARKET ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3544  
IMMOKALEE, FL 34143 US

**New Mailing Address:**

FEI Number: 59-3462363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARFORD, JEANNE K  
522 EAST NEW MARKET ROAD  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WARFORD, JEANNE K PRES  
Address: P. O. BOX 5123  
City-St-Zip: IMMOKALEE, FL 34143

Title: D  
Name: BASS, TAMMY K D  
Address: 4002 OAK HAVEN DRIVE  
City-St-Zip: LABELLE, FL 33935

Title: D  
Name: DION, KATHERINE E D  
Address: P. O. BOX 5123  
City-St-Zip: IMMOKALEE, FL 34143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNE K. WARFORD

PRES

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date