2005 FOR PROFIT CORPORATION

SIGNATURE:

GNAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 11, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P97000104795 1. Entity Name JWT OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 836 HORSEMEN'S PATH 836 HORSEMEN'S PATH CANTONMENT, FL 32533 US CANTONMENT, FL 32533 04082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3488964 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEEL, JOE W DO NOT WRITE 836 HORSEMEN'S PATH CANTONMENT, FL 32533 IN THIS SPACE 8. The above named entity automits 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE TEEL, JOE W NAME 836 HORSEMEN'S PATH STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 TITLE NAME TEEL, JANET B U00000297128 04/11/05-80015-014 150.00 STREET ADDRESS 836 HORSEMEN'S PATH CITY-ST-ZIP CANTONMENT, FL 32533 ertele og organisme i i TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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 impowered.