2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # P98000036828 1. Entity Name 02-14-2005 90060 003 ***150.00 JW ENTERPRISES, INC. Principal Place of Business Mailing Address 14551 SW 17 CT 14551 SW 17 CT **DAVIE FL 33325** DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address 153 (ourt, 1 12212 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0833420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAREHAM, CATHERINE 14551 SW 17 CT Financial DAVIE FL 33325 Suite 1600 Ft-LauDerdalE 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. TEFFLEY R. EISENSMITH E. Registated Agent signature required when reinstating) SIGNATURE Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Addition TITLE ☐ Delete WAREHAM, JOHN NAME NAME 12212 153 COWY, N Jupiter FL 33478 STREET ADDRESS 14551 SW 17 CT STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME WAREHAM, CATHERINE NAME 153 Court N 14551 SW 17 CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP DAVIE FL 33325 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachme

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Davime Phone #