2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM DOCUMENT # P98000053809 **Secretary of State** J & W CONSTRUCTION, INC. Mailing Address Principal Place of Business 1721 LANGLEY AVE. 1721 LANGLEY AVE. DELAND FL 32724 DELAND FL 32724 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3528182 Not Applicable \$8.75 Additional Country Ζip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, NORMAN A JR. Street Address (P.O. Box Number is Not Acceptable) 1721 LANGLEY AVE. DELAND FL 32724 Zio Code 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 agont and title if applicable. (NOTE, Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PD TITLE ☐ Change TALE ☐ Delete WRIGHT, NORMAN A NAME NAME 1650 ALEXANDER DR. STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZP CITY-ST-ZIP ☐ Change ■ Addition mir ☐ Delete TITLE JOHNSON, DAVIS R NAME NAME 201 S. WADE AVE STREET ADDRESS STREET ADDRESS U00000039072 CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP 02/08/04-80163-015 - 50m20 - Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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 attachment with an address, with all other like empowered.

SIGNATURE: