


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90038 037 ***150.00

DOCUMENT # P98000061028 1. Entity Name J.W.A. ACCESSORIES, INC.	
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Principal Place of Business 880 MCCLENDON ST. MELBOURNE, FL 32935	Mailing Address 880 MCCLENDON ST. MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3523638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOYD, JOEL E 6767 N. WICKHAM RD., STE. 806 MELBOURNE, FL 32940

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, JOHN W 105 PALMETTO DRIVE SALUDA, SC 29138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, EDWARD J 2128 WAGON WHEEL AVE SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, ANGELA 2128 WAGON WHEEL AVE SE PALM BAY, FL 32909
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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:  Angela Dunn 4/16/04 321-254-4702

Signature and typed or printed name of signing officer or director Date Daytime Phone #