

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90308 036 ***150.00

DOCUMENT # P98000061028

1. Entity Name
J.W.A. ACCESSORIES, INC.



Principal Place of Business
**880 MCCLENDON ST.
MELBOURNE, FL 32935**

Mailing Address
**880 MCCLENDON ST.
MELBOURNE, FL 32935**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3523638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYD, JOEL E
8767 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ATKINSON, JOHN W
STREET ADDRESS	105 PALMETTO DRIVE
CITY-ST-ZIP	SALUDA, SC 29138
TITLE	V
NAME	DUNN, EDWARD J
STREET ADDRESS	2128 WAGON WHEEL AVE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	V
NAME	DUNN, ANGELA
STREET ADDRESS	2128 WAGON WHEEL AVE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Angela Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-254-4702

Daytime Phone #