

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 041 ***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**

40033760



03142006 No Chg-P CR2E034 (11/05)

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
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

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, 2006 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

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06
Date

321-254-4702
Daytime Phone #