



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90030 039 ***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	
DO NOT WRITE IN THIS SPACE		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  <u>Angela Dunn</u>		1/28/08 321-254-4702
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>