


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90196 017 \*\*\*150.00

<b>DOCUMENT # P99000092446</b>	
1. Entity Name JWN CONSTRUCTION, INC.	

Principal Place of Business 9751 S. OCEAN DRIVE JENSEN BEACH, FL 34957	Mailing Address 9751 S. OCEAN DRIVE JENSEN BEACH, FL 34957
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**50036784**



2. Principal Place of Business <b>10310 JENSEN BEACH BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>10310 JENSEN BEACH BLVD</b> Suite, Apt. #, etc.
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02152005 Chg-P CR2E034 (10/03)

City & State <b>JENSEN BEACH FL</b>	City & State <b>JENSEN BEACH FL</b>
Zip <b>34957</b>	Zip <b>34957</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0961303</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NEWMAN, JAMES W 9751 S. OCEAN DRIVE JENSEN BEACH, FL 34957	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>10310 NEW JENSEN BEACH BLVD.</b>  City <b>JENSEN BEACH FL</b> Zip Code <b>34957</b>	
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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 <u>James W. Newman President</u> DATE <u>2/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, JAMES W <del>9751 S. OCEAN DRIVE</del> JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES NEWMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10310 NEW JENSEN BEACH BLVD. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERER, THOMAS W <del>9751 S. OCEAN DR</del> JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHERER, THOMAS W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10310 NEW JENSEN BEACH BLVD. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>James W. Newman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>2/21/05</u> DAYTIME PHONE: <u>72232-1744</u>