2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 8:00 am Secretary of State **DOCUMENT # V03280** 1. Entity Name 02-24-2006 90002 024 ***150.00 JWS, INC. II Principal Place of Business Mailing Address 4850 DOCKSIDE DRIVE 4850 DOCKSIDE DRIVE NUMBER 103 NUMBER 103 FT MYERS, FL 33919 FT MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 65-0311340 Country Ζίρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEVERSON, GEORGE S. Street Address (P.O. Box Number is Not Acceptable) **4850 DOCKSIDE DRIVE** NUMBER 103 FT. MYERS, FL 33919 City Zip Code 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 bite if applicable, (NOTE: Registered Agent signature required when renatating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE S Delete TITLE Hully K. Severson 4850 Duckside Dr. #103 ☐ Change **Addition** NAME ZEMPLE, GINNY M. NAME STREET ADDRESS 505 SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP REDWOOD FALLS, MN 56283 CITY-ST-ZIP FT. Myers, FL 33919 nre ☐ Delete TITLE Change Addition SEVERSON, JERRY W. NAME NAME STREET ADDRESS 4850 DOCKSIDE DR., SUITE 103 STREET ADDRESS CITY-ST-ZIF FT. MYERS, FL CITY-ST-ZIP nne ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Ociete DDE ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRE Delete NILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDF ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Jerry W. Severson 21 Feb 06 239-481-0418 SIGNATURE:

FILED