

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
F05000001624  
FILED

06 JUN 16 AM 11:23


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSC*



DOCUMENT # **F05000001624**

1. Entity Name  
**MWL FUNDING, INC.**



Principal Place of Business  
**201 E. PINE ST.  
ORLANDO FL 32801**

Mailing Address  
**ONE COMMERCE STREET, SUITE 303  
MONTGOMERY AL 36104**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **20-2436826** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	CATHERINE KISSICK - P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARRSDALE, ARTHUR		NAME	ONE COMMERCE ST			
STREET ADDRESS	201 E. PINE ST.		STREET ADDRESS	MONTGOMERY, AL 36104			
CITY - ST - ZIP	ORLANDO FL 32801		CITY - ST - ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	KAMAL HOSEIN - UP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARRISH, HARLAN		NAME	ONE COMMERCE ST			
STREET ADDRESS	27200 RIVERVIEW CENTER		STREET ADDRESS	MONTGOMERY, AL 36104			
CITY - ST - ZIP	BONITA SPRINGS FL 34134		CITY - ST - ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	MARY LOU BATHEN - UP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SLEAFORD, MICHAEL		NAME	ONE COMMERCE ST			
STREET ADDRESS	201 E. PINE ST.		STREET ADDRESS	MONTGOMERY, AL 36104			
CITY - ST - ZIP	ORLANDO FL 32801		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	100074416850	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REIMER, DAVID		NAME	05/11/06--01007--002			**\$50.00
STREET ADDRESS	ONE COMMERCE STREET		STREET ADDRESS				
CITY - ST - ZIP	MONTGOMERY AL 36104		CITY - ST - ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, NAN		NAME				
STREET ADDRESS	ONE COMMERCE STREET		STREET ADDRESS				
CITY - ST - ZIP	MONTGOMERY AL 36104		CITY - ST - ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOOBY, SHEILA		NAME				
STREET ADDRESS	ONE COMMERCE STREET		STREET ADDRESS				
CITY - ST - ZIP	MONTGOMERY AL 36104		CITY - ST - ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, 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: David Reimer **DAVID REIMER - SVP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR