

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90021 049 ***150.00

DOCUMENT # P02000017432 1. Entity Name AW RESTORATIONS INC.			
Principal Place of Business 569 PECK AVE. FORT MYERS, FL 33919		Mailing Address 569 PECK AVE. FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # 5704 WINKLER RD.		3. Mailing Address 5704 WINKLER RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33919		Zip 33919	
Country USA		Country USA	
4. FEI Number 80-0036984		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F LORIDA, INC. 13571 MCGREGOR BLVD., #22 FT. MYERS, FL 33919		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, ANDREAS 569 PECK AVE. FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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>Andreas Weber</u> ANDREAS WEBER		Date 3.3.08 Daytime Phone # 239.218.7599	