## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054864

Entity Name: AW SOLUTIONS, INC

**Current Principal Place of Business:** 

300 CROWN OAK CENTER DRIVE

LONGWOOD, FL 32750

**Current Mailing Address:** 

300 CROWN OAK CENTER DRIVE LONGWOOD. FL 32750

FEI Number: 20-4709198 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VARMA, BOBBY A 610 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Jan 29, 2014

**Secretary of State** 

CC2250728085

Officer/Director Detail:

Title Title

HAYTER, KEITH Name VARMA, BOBBY A Name Address 501 BLUFF OAK COURT Address 2104 BLUE IRIS PLACE City-State-Zip: LONGWOOD FL 32779 APOPKA FL 32712 City-State-Zip:

VΡ Title Title VΡ

Name POULIN, EMMANUEL Name PARTRIDGE, JAMES

Address 1325 W. NEW HAMPSHIRE ST Address 897 ROCK CREEK STREET

ORLANDO FL 32804 City-State-Zip: APOPKA FL 32712 City-State-Zip:

Title

**DUBAY. JEFFREY** Name

504 YEARLING COVE LOOP Address

City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail