

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 409072

FILED
Feb 06, 2009
Secretary of State

Entity Name: W & W PREFABRICATORS, INC.

Current Principal Place of Business:

16500 S.W. WARFIELD BLVD.
INDIANTOWN, FL 39456 US

New Principal Place of Business:

Current Mailing Address:

16500 S.W. WARFIELD BLVD
P.O. BOX 1
INDIANTOWN, FL 34956 US

New Mailing Address:

P.O. BOX 1
16500 SW WARFIELD BLVD
INDIANTOWN, FL 34956 US

FEI Number: 59-1427754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, IRIS
16500 SW PALOMINO STREET
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALL, IRIS PRES
Address: 16500 S.W. PALOMINO ST.
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SD () Delete
Name: LAWRENCE, CAROLYN W SEC
Address: 16200 S.W. MAPLE AVE.
City-St-Zip: INDIANTOWN, FL 34956 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN W LAWRENCE

SEC

02/06/2009

Electronic Signature of Signing Officer or Director

Date