

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 461728

1. Entity Name
LWS, INC.



Principal Place of Business
C/O L.H. SPILER
1540 E. COMMERCIAL BLVD., SUITE 1
FT. LAUDERDALE FLORIDA, 33334

Mailing Address
C/O L.H. SPILER
4450 NE 16 AVE.
FT. LAUDERDALE, FL 33334 US



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1559410

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPILER, LAWRENCE H.
4450 NE 16 AVE.
FT. LAUDERDALE FLORIDA, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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: Lawrence H. Spiler 6/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPILER, LAWRENCE H
STREET ADDRESS 1540 E. COMMERCIAL
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE TD
NAME SPILER, LAWRENCE H.
STREET ADDRESS 1540 E. COMMERCIAL
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE VSD
NAME SPILER, WAYNE D
STREET ADDRESS 4450 NE 16 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE SD
NAME SPILER, LAWRENCE H JR.
STREET ADDRESS 4450 NE 16 AVE.
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN0000370926
07/06/05-80001-011 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence H. Spiler Pres. LAWRENCE H. SPILER 6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone