## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 524721**

Entity Name: AWF, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

646 E. PLANT ST.

WINTER GARDEN, FL 34787 US

Current Mailing Address: New Mailing Address:

646 E. PLANT ST.

WINTER GARDEN, FL 34787 US

FEI Number: 59-1713263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNIGHT, TERRY D KNIGHT, TERRY D 911 WEST PALMETTO 722 NE 4TH ST

WAUCHULA, FL 33873 US CHIEFLAND, FL 32644 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: 04/16/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: PSTD (X) Change ( ) Addition

Name: KNIGHT, TERRY D MRS Name: KNIGHT, TERRY D MRS

Address: 911 WEST PALMETTO ST Address: 722 NE 4TH ST

City-St-Zip: WAUCHULA, FL 33873 US City-St-Zip: CHIEFLAND, FL 32644 US

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: KNIGHT, PETER R MR Name: KNIGHT, PETER R MR

Address: 1100 PINEWOOD LANE Address: 237 N. CENTRAL AVE

City-St-Zip: OCOEE, FL 34761 US City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KNIGHT, KRISTIN L MS
 Name:

 Address:
 911 WEST PALMETTO ST
 Address:

 City-St-Zip:
 WAUCHULA, FL 33873 US
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: KNIGHT, WILLIAM E MR Name: KNIGHT, WILLIAM E MR

 Address:
 911 WEST PALMETTO ST
 Address:
 722 NE 4TH ST

 City-St-Zip:
 WAUCHULA, FL 33873 US
 City-St-Zip:
 CHIEFLAND, FL 32644 US

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: TERRY D KNIGHT PTSD 04/16/2008