

**2007 FOR PROFIT CORPORATION'
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 634513

1. Entity Name
HW PROPERTIES OF ORMOND, INC



Principal Place of Business
595 W. GRANADA BLVD. STE. 1
ORMOND BEACH, FL 32174

Mailing Address
595 W. GRANADA BLVD. STE. 1
ORMOND BEACH, FL 32174



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1933005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HARPER, WILLIAM
595 W. GRANADA BLVD. STE. 1
ORMOND BEACH, FL
ORMOND BEACH, FL 32174

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARPER, WILLIAM
STREET ADDRESS 5 BARCELONA TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 00000,

TITLE VTD
NAME WING, GEORGE F.
STREET ADDRESS 50 JILL ALISON CIR.
CITY-ST-ZIP ORMOND BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

U00000640827
02/28/07-80081-024 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07
Date

Daytime Phone # _____