

FILED
Jun 04, 2004 8:00 am
Secretary of State

5/4

05-04-2004 90211 037 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000005889

1. Entity Name
NWO, INC.



Principal Place of Business
2 POND'S EDGE DR.
CHADDS FORD, PA 19317

Mailing Address
P.O. BOX 999
CHADDS FORD, PA 19317

00440000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1422155

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDYWINE FINANCIAL SERVICES CORP
2631 MCCORMICK DR, STE 101
CLEARWATER, FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MOORE, BRUCE E
2 POND'S EDGE DR.
CHADDS FORD, PA 19317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Moore, President

DATE

APR 26 2004

Daytime Phone #

(610) 388-4600

Attachment 66426636
Brandywine Financial Services Corporation
P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600

May 27, 2004

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Re: NWO, Inc.
#F03000005889
Corrected 2004 Florida Annual Report

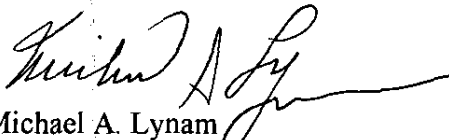
Via Certified Mail
Return Receipt Requested
7003 2260 0002 4916 5324

Dear Sir/Madam:

Per your notice of May 19, 2004 (copy attached), enclosed please find the Corrected 2004 Florida Annual Report for the above referenced corporation.

Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam
Chief Financial Officer

MAL:dd
Enclosures