

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**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



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0422155	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000950607  
06/03/08-80073-015 158.75

**10. OFFICERS AND DIRECTORS**

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

TITLE SV  
NAME DOYLE, DENISE M  
STREET ADDRESS 2 POND'S EDGE DR.  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE VP  
NAME RUSSO, JACK J  
STREET ADDRESS 2 POND'S EDGE DR.  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE T Lynam  
NAME LYMAN, MICHAEL A  
STREET ADDRESS 2 POND'S EDGE DR.  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE AS  
NAME PRICE, ELAINE C  
STREET ADDRESS 2 POND'S EDGE DR.  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

TREASURER  
MICHAEL A. LYMAN

4/25/08

610-388-9600

Date

Daytime Phone #