


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000007813**  
 1. Entity Name  
 AWWC, INC.



Principal Place of Business  
 11450 SE DIXIE HWY., SUITE 203  
 HOBE SOUND, FL 33455

Mailing Address  
 11450 SE DIXIE HWY., SUITE 203  
 HOBE SOUND, FL 33455

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 22-3340156 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CASPERSON, FINN M  
 11450 SE DIXIE HWY., SUITE 203  
 HOBE SOUND, FL 33455

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP CASPERSEN, ANDREW W 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS CASPERSEN, BARBARA 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CASPERSEN, FINN M 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEEGAN, LUCILLE F 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, WILLIAM B 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS CASPERSEN, ERIK M 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455

U00000769553  
 07/19/07-80005-017 150.00

**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: Lucille F Keegan **LUCILLE F KEEGAN** Secretary 7/11/07 772-545-9052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #