2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F06000007813

1. Entity Name
AWWC, INC.

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

02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000852074
03/26/08-80013-022 150.00

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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: _____ 3-7-08 772-545-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #