


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F25036 1. Entity Name MWS CORPORATION		
Principal Place of Business MWS CORP 727 GLENDALE ST LAKELAND, FL 33803 US		Mailing Address PO BOX 66 LAKELAND, FL 33802-0066 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SKIPPER, MARSHA M 721 WEDGEWOOD LANE LAKELAND, FL 33813		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SKIPPER, EDWARD M 721 WEDGEWOOD LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIPPER, JERE 721 WEDGEWOOD LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SKIPPER, WILLIAM P 1851 HILL DR. LOS ANGELES, CA 90041	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKIPPER, MARSHA M 721 WEDGEWOOD LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Marsha M. Skipper</u> <u>Marsha M. Skipper</u> <u>Pres</u> <u>4/17/06</u> <u>863646195</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2082544

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

1000000527302
05/04/06-80108-007 150.00