

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25036

Entity Name: MWS CORPORATION

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

MWS CORP
727 GLENDALE ST
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 66
LAKELAND, FL 338020066 US

New Mailing Address:

FEI Number: 59-2082544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIPPER, MARSHA M
721 WEDGEWOOD LANE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: SKIPPER, EDWARD M
Address: 1448 FAIRHAVEN DR
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: SKIPPER, JERE
Address: 721 WEDGEWOOD LANE
City-St-Zip: LAKELAND, FL 33813

Title: DS () Delete
Name: SKIPPER, WILLIAM P
Address: 1851 HILL DR.
City-St-Zip: LOS ANGELES, CA 90041

Title: DP () Delete
Name: SKIPPER, MARSHA M
Address: 721 WEDGEWOOD LANE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA M. SKIPPER

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date