## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G09964  1. Entity Name DOUBLE W INVESTMENT CO.  Principal Place of Business 6700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813 US  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Apr 30, 2005 08:00 AM Secretary of State  Apr 30, 2005 08:00 AM Secretary of State  Secretary of State  Apr 30, 2005 08:00 AM Secretary of State		ANNUAL H	EPORI (AH	{}		FILED	
Principal Piace of Business   Mailing Address   PO BOX 7697   LAKELAND FL 33813   PO BOX 7697   PO B			_	_		Apr 30, 2005 08:00 AM	
### STORY REST   PAPER   SECTION   Sales   Substitute   Sales   Substitute   Sales   Substitute   Sales   Substitute   Sales   Substitute   Substitu	DOUBLE	W INVESTMENT CO.				Secretary of State	
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LAKELAND FL 38813 US  2. Principul Place of Dustriers  3. Mailing Addriess  Suite, Apt 4, etc. Suite, Apt 4, etc. 100 A State  City & State  Country  6. Country  6. Country  6. Country  6. Country  6. Country  7. Name and Address of Suite Application  8. The Address of Suite Application  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  City  FL  Zip Code  8. The Adversaria State Agent  City  FL  Zip Code  8. The Adversaria State Agent  City  FL  Zip Code  8. The Adversaria State Agent  City  FL  Zip Code  8. The Adversaria State Agent  City  FL  Zip Code  8. Section Compitation  8. Section  8. Section Compitation  8. Section  8. Section  8. Section Compitation  8. Section  8.			•				
Sulles, Apt 9, etc.		LI 33813	LAKELAND FL 33807				
Suite, Apt. 4, etc.  City & State  City & State  City & State  Country  S. Conditions of Status Desired  SA. 75 Academond  File Applicable  Reflection of Sale Academond  SA. 75 Academond  Sale Academond  Sale Academond  Sale Academond  Sale Academond  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Now, 17 FEE IS \$160.00  After May, 2005 Fee Will be \$150.00  After May, 2005 Fee Will be \$550.00  Make Check Payable to Florida Department of State  City  FL Now, 17 FEE IS \$160.00  After May, 2005 Fee Will be \$550.00  Make Check Payable to Florida Department of State  City  FL Now, 18 FEE IS \$160.00  FILE MOW!! FEE IS \$160.00  After May, 2005 Fee Will be \$550.00  Make Check Payable to Florida Department of State  City  FL ADSTITUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INT.  Direct Topic Country  Acceptable of Change   Acceptable of Country Cou		_	US			 	
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Country   Zip   Country   Zip   Country   S, Certificate of Status Desired   \$3.75 Additional   \$8.75 Addi	City & State		City & State		· · · · · · · · · · · · · · · · · · ·	I	
Section Section   Sectio	Zip	Country	Zip	Country	у	5. Certificate of Status Desired \$8.75 Additional	
ELLSWORTH, W. M.M., JR. 6700 S. FLORIDA AVE. STE #6 LAKELAND FL 33813    City   FL   Zip Code		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
STOOL S, FLORIDA AVE. STE. #6 LAKELAND FL 33813  City FL Zp Code  8. The above named entry, submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. I am familiar with, and acceptive obligations of registered agant.  SIGNATURE    Separate, back or private face of imparted agent and fire 1 approach.   DRTC Represed Agent agent or registered agant, or both, in the State of Florida. I am familiar with, and acceptive obligations of registered agant.	-11	OMODELL M. MALL ID			Name		
EAKELAND FL 33813  City FL Zip Code  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 farmillar with, and acception of registered agent.  SIGNATURE    Signature   Proceedings   Proceedi	670	OS, FLORIDA AVE.		-  -	Street Address (	P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common	LAF	KELAND FL 33813				•	
8. The above named entitle submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!!. FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE WORTH, WM W JR  ELLSWORTH, WM W JR  SIRET ADDRESS  OITY ST. 2P  UPD  Change   Address  OITY ST. 2P  LLSWORTH, DORIS W  ELLSWORTH, DORIS W  ELLSWORTH ADDRESS  ELLSWORTH,				r	City	FI Zip Code	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 direction of the corporation or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 chapter or on an attachment with an address with an address.		<u> </u>			<u> </u>		
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President

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WITH STORY OF THE STORY OF TH

SIGNATURE:

4/25/05

863-644-9197

Daytrna Phone #