## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H57768

Entity Name: NWM, INC.

FILED Mar 03, 2004 Secretary of State

3935 ST. ARMENS CIRCLE MELBOURNE, FL 32934

Current Mailing Address: New Mailing Address:

3935 ST. ARMENS CIRCLE PO BOX 231

MELBOURNE, FL 32934 ODESSA, FL 33556

FEI Number: 59-2545953 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASTERS, NOLAN W. 3935 ST. ARMENS CIRCLE MELBOURNE, FL 32934 US FULLER & COMPANY, P.A. 2701 W. BUSCH BLVD. SUITE 141 TAMPA, FL 33618 US

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: MICHAEL W. FULLER 03/03/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MASTERS, NOLAN W.,
 Name:

 Address:
 3935 DT. ARMENS CIRCLE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: FULLER, MICHAEL W

Address: Address: 2701 W BUSCH BLVD. SUITE 141

City-St-Zip: City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL W. FULLER D 03/03/2004