

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H57768

Entity Name: NWM, INC.

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3935 ST. ARMENS CIRCLE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 231  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-2545953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULLER, MICHAEL W  
19506 PINE TREE ROAD  
ODESSA, FL 33556 US

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

MASTERS, NOLAN W  
3935 ST. ARMENS CIRCLE  
MELBOURNE, FL 32934 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: NOLAN W MASTERS

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MASTERS, NOLAN W  
Address: 3935 ST. ARMENS CIRCLE  
City-St-Zip: MELBOURNE, FL 32934 US

Title: D  
Name: FULLER, ARELIS  
Address: 1717 N. BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33132 US

I hereby 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 all other like empowered.

SIGNATURE: NOLAN W MASTERS

PRES

01/19/2012

Electronic Signature of Signing Officer or Director

Date