

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H58970

1. Entity Name
RDW, INC.



Principal Place of Business
**297 E. HWY 50
STE 1
CLERMONT FL 34711
US**

Mailing Address
**297 E. HWY 50
STE 1
CLERMONT FL 34711
US**



2. Principal Place of Business
297 E. Hwy 50
Suite, Apt. #, etc. **Ste 1**

3. Mailing Address
297 E. Hwy 50
Suite, Apt. #, etc. **Ste 1**

1st MOORE CR2E034 (10/05)

City & State
Clermont, FL
Zip **34711** County **Lake**

City & State
Clermont, FL
Zip **34711** County **Lake**

4. FEI Number **59-2573239** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CANNON, DENNIS
103 S LAKESHORE DR
CLERMONT FL 34711**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when registering) DATE **3/31/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, DENNIS D. 103 S. LAKESHORE DR CLERMONT FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CANNON, DEBRA R. 103 S. LAKESHORE DR CLERMONT FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE **3/31/06** 352-394-6932