2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J58958

1. Entity Name
MTW PROPERTIES, INC.

Principal Place of Business	Mailing Address
660 W. ORANGE BLOSSOM TRAIL APOPKA, FL 32712 US	280 N OLD WOODWARD STE 406 BIRMINGHAM, MI 48009 US

03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1205576
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESSELL, KEVIN
PRESIDENTIAL SERVICES INC.
1217 CAPE CORAL PKWY #300
CAPE CORAL, FL 33904-9604

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000004490373
04/18/06-80074-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEIZMAN, HANAN
STREET ADDRESS	104 STILLVIEW DR
CITY-ST-ZIP	ASHEVILLE, NC 28804
TITLE	STP
NAME	SERLING, MICHAEL
STREET ADDRESS	280 N OLD WOODWARD STE 406
CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	VD
NAME	GOULAS, THOMAS
STREET ADDRESS	29311 PARAMOUNT CT
CITY-ST-ZIP	FARMINGTON HILLS, MI 48331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] SECRETARY/TREASURER 3-22-06 (247) 69166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #