

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2004 08:00 AM

Secretary of State

DOCUMENT # J71091

1. Entity Name
IWA, INCORPORATED



Principal Place of Business
4934 HAITI CIRCLE
ORLANDO, FL 32808 US

Mailing Address
PO BOX 2685
WINTER PARK, FL 32790-2685 US



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2793188
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, MIRIAM A.
5134 LAKE HOWELL RD
WINTER PARK, FL 32792

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000090044
03/16/04-80015-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VST
RUSSELL, MIRIAM A.
5134 LAKE HOWELL ROAD.
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MARTIN, WILLARD F.
4934 HAITI CIRCLE
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MARTIN, VINETTA
4934 HAITI CIRCLE
ORLANDO, FL

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 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 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: *Miriam A. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM A. RUSSELL, EXECUTIVE VICE PRESIDENT

3/4/04

Date

407-671-6477

Daytime Phone #