

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 A  
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**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2793188**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 registering)

DATE

**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

**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

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02/08/06-80077-004 150.00

**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:**

*Miriam A. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-671-6477**