

FILED
Apr 29, 2004 8:00 am
Secretary of State


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02-26-2004 90201 018 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002858

1. Entity Name
HWFC LLC



Principal Place of Business Mailing Address

**1314 RADCLYFFE RD
 ORALNDO, FL 32804**

**537 SIXTH AVENUE
 HUNTINGTON, WV 25701**

34004536



02182004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
03-0491631 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, WILLIAM CONRAD
 1314 RADCLYFFE RD
 ORLANDO, FL 32804**

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 *William Conrad Carter* DATE *2/24/04*

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, WILLIAM C 1314 RADCLYFFE RD ORALNDO, FL 32804
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William Conrad Carter* AUTHORIZED REPRESENTATIVE DATE *2/26/04* DAYTIME PHONE # *304-529-7156*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #