2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90029 001 ***150.00

DOCUMENT # P00000008048

1. Entity Name
PW SQUARE, INC.

Principal Place of Business
5629 STRAUD BLVD
SUITE 411
NAPLES, FL 34110

Mailing Address
3441 POINTE CREEK COURT
#205
BONITA SPRINGS, FL 34134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03292004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3620716
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WISE, PAT W
3441 POINTE CREEK COURT #205
BONITA SPRINGS, FL 34134

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 ____________________
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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	WISE, PAT W	3441 POINTE CREEK COURT #205	BONITA SPRINGS, FL 34134	☐ Delete
VP	EGHTADARI, LEIGH ASHLEY	7702 MEADOW LANE	CHEVY CHASE, MD 20815	☐ Delete
ST	WISE, ERNEST H	3441 POINTE CREEK COURT #205	BONITA SPRINGS, FL 34134	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
VP	EGHTEDARI, Leigh Ashley	3370 HIDDEN BAY DRIVE #403	AVENTURA, FL 33180	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: Pat Wilson Wise PAT WILSON WISE, President 4/15/04 239-593-0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #