


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P00000012973	
1. Entity Name I.W.T. & SERVICES, INC.	

Principal Place of Business 13410 CORKWOOD LANE ASTATULA, FL 34705	Mailing Address 13410 CORKWOOD LANE ASTATULA, FL 34705
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3628202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOBBS, CHERYL A 13410 CORKWOOD LANE ASTATULA, FL 34705

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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 Cheryl A. Dobbs Cheryl A. Dobbs V/P-Sec 03/18/08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000067033
04/08/08-80053-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOBBS, HARRISON D 13410 CORKWOOD LANE ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOBBS, CHERYL A 13410 CORKWOOD LANE ASTATULA, FL 34705
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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: Cheryl A. Dobbs Cheryl A. Dobbs V/P-Sec 03/18/08 352-742-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #