

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000037851

1. Entity Name
HNWW, INC.



Principal Place of Business
121 WALLACE RD.
NEW SMYRNA BEACH, FL 32168

Mailing Address
P.O. BOX 635
NEW SMYRNA BEACH, FL 32170



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, R. ALAN
121 WALLACE RD.
NEW SMYRNA BEACH, FL 32168

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000222836
02/10/05-80019-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, R. ALAN 2217 SWOOPE DR. NEW CMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, ROBERT B 3820 LETTUCE LN. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLL, ROBERT A 2011 SPYGLASS LN. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, DAVID K P.O. BOX 383 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B WEAVER SEC.

Date

Daytime Phone #

2/3/05
(386) 428-2315