# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 01, 2008**
**Secretary of State**

DOCUMENT# P00000075065

**Entity Name:** AMW, INC.

**Current Principal Place of Business:**

5951 RIVERSIDE DRIVE
PORT ORANGE, FL 32127

**New Principal Place of Business:**

2400 JERRY CIRCLE
PORT ORANGE, FL 32128

**Current Mailing Address:**

5951 RIVERSIDE DRIVE
PORT ORANGE, FL 32127

**New Mailing Address:**

2400 JERRY CIRCLE
PORT ORANGE, FL 32128

**FEI Number: 59-3683851** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, PAUL J
5951 RIVERSIDE DRIVE
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

ROBINSON, PAUL J
2400 JERRY CIRCLE
PORT ORANGE, FL 32128 US

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.

SIGNATURE: PAUL ROBINSON D 08/01/2008
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ROBINSON, PAUL J
Address: 5951 RIVERSIDE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: ROSSON, JAMES M
Address: 4720 WEST EL CAMINO DEL CERRO
City-St-Zip: TUCSON, AR 85745

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ROBINSON, PAUL J
Address: 2400 JERRY CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Change ( ) Addition
Name: ROSSON, JAMES M
Address: 2239 EAST ASTOR DRIVE
City-St-Zip: CHANDLER, AR 85249

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J ROBINSON D 08/01/2008
Electronic Signature of Signing Officer or Director Date