

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099070

Entity Name: DOUBLE W DESIGNS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

555 SAWYER AVENUE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 205
COCOA, FL 329230205

New Mailing Address:

FEI Number: 59-3465851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARY L
555 SAWYER AVE.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, WILSON JR
Address: 2104 TWO LAKES RD #P4
City-St-Zip: TAMPA, FL 33604

Title: BM () Delete
Name: WILLIAMS, MARY W
Address: 555 SAWYER AVE.
City-St-Zip: MERRITT ISLAND, FL 329534427

Title: ST () Delete
Name: ARLINE, WENONA W
Address: 11429 SKIMMER CT.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, WILSON JR
Address: 5005 CASTILE PLACE #330
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY L. WILLIAMS

BM

04/29/2005

Electronic Signature of Signing Officer or Director

Date