

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099070

Entity Name: DOUBLE W DESIGNS, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

555 SAWYER AVENUE  
MERRITT ISLAND, FL 32953

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 540819  
MERRITT ISLAND, FL 329540819

## 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: 4993 PURITAN CIRCLE  
City-St-Zip: TAMPA, FL 33617

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: 4667 FULTON RD  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MARY L. WILLIAMS

BM

04/24/2009

Electronic Signature of Signing Officer or Director

Date