


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90014 017 \*\*\*150.00

<b>DOCUMENT # P01000033221</b> 1. Entity Name <b>MLW, INC.</b>																																													
Principal Place of Business <b>2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>		Mailing Address <b>2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>																																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 16255</b> Suite, Apt. #, etc.																																											
City & State Zip		City & State <b>Fernandina Beach</b> Zip <b>32035</b>																																											
Country <b>Nassau</b>		4. FEI Number <b>59-3709179</b>																																											
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent <b>WILLIAMS, MARSHALL L 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																											
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 <u>Donna P. Williams, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PSD WILLIAMS, DONNA P 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b> </td> <td> <b>VTD WILLIAMS, MARSHALL L 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD WILLIAMS, DONNA P 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>VTD WILLIAMS, MARSHALL L 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete																11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PSD Donna P. Williams Same</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Midde Initial Wrong</b> </td> </tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td> </td><td style="text-align: right;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD Donna P. Williams Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Midde Initial Wrong</b>																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD WILLIAMS, DONNA P 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete																																											
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>VTD WILLIAMS, MARSHALL L 2997 B 1ST AVE FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete																																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD Donna P. Williams Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Midde Initial Wrong</b>																																											
12. I hereby certify that the information supplied with this filing does not qualify 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 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.																																													
<b>SIGNATURE:</b> <u>Donna P. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/19/04</u> <u>904-307-6001</u> <small>Date Daytime Phone #</small>																																											