


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90055 038 \*\*\*150.00

<b>DOCUMENT # P01000082027</b>						
<b>1. Entity Name</b> P M W ENTERPRISES, INC.						
<b>Principal Place of Business</b> 773 NW WATERLILY PLACE JENSEN BEACH, FL 34957			<b>Mailing Address</b> 773 NW WATERLILY PLACE JENSEN BEACH, FL 34957			
<b>2. Principal Place of Business</b> 143 HARBOR DR.		<b>3. Mailing Address</b> P.O. Box 525				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> TAVERNIER FL		<b>City &amp; State</b> LAKE PLACID, FL		<b>4. FEI Number</b> 59-3739689		
<b>Zip</b> 33070		<b>Country</b> USA		<b>Applied For</b> Not Applicable		
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required				
<b>6. Name and Address of Current Registered Agent</b> WOEPPEL, PATRICIA M 773 NW WATERLILY PL JENSEN BEACH, FL 34957			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 143 HARBOR DR. City TAVERNIER FL Zip Code 33070			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> WOEPPEL, PATRICIA M 773 NW WATERLILY PLACE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	143 HARBOR DR. TAVERNIER, FL. 33070	
<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>						
<b>SIGNATURE:</b> <i>Patricia M. Woppel</i>			1/19/06 863-280-5404			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			