

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90653 023 ***150.00

DOCUMENT # P02000007716

1. Entity Name

P M W INVESTMENTS, INC.



Principal Place of Business

9913 SPRINGWAY DR.
RIVERVIEW FL 33569

Mailing Address

P. O. BOX 3712
RIVERVIEW FL 33569

2. Principal Place of Business

2190 NW 150th AVE.
Suite, Apt. #, etc.

3. Mailing Address

2190 NW 150th AVE.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

OCALA, FL.

City & State

OCALA, FL.

4. FEI Number

26-0034517

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINKLER, MARGIE L
9913 SPRINGWAY DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2190 N.W. 150th AVE

City Ocala

FL

Zip Code 34482

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

Margie L. Winkler MARGIE L. WINKLER, P.

2-10-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WINKLER, MARGIE L
STREET ADDRESS 9913 SPRINGWAY DR.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE V ☐ Delete
NAME WINKLER, PETER A
STREET ADDRESS 9913 SPRINGWAY DR.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE

Margie L. Winkler MARGIE L. WINKLER 2-10-04 352-861-8122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #