

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90026 030 \*\*\*150.00

<b>DOCUMENT # P03000006629</b> 1. Entity Name <b>A&amp;W INVESTMENT HOLDINGS, INC.</b>																																
Principal Place of Business <b>12990 COUNTY ROAD 95</b> <b>ELBERTA, AL 36530</b>			Mailing Address <b>12990 COUNTY ROAD 95</b> <b>ELBERTA, AL 36530</b>																													
2. Principal Place of Business <b>2610 FAIRFAX ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 41604</b> Suite, Apt. #, etc.																														
City & State <b>JACKSONVILLE, FL</b> Zip <b>32209</b>		City & State <b>Jacksonville FL</b> Zip <b>32203-1604</b>		4. FEI Number <b>47-0906846</b>																												
Country <b>US</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																												
6. Name and Address of Current Registered Agent  <b>G&amp;L AGENT SERVICES, INC.</b> <b>390 NORTH ORANGE AVENUE</b> <b>SUITE 600</b> <b>ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Stan W. Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>2610 Fairfax Street</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32209</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. SIGNATURE <u>Stan W. Hill</u> <b>Stan W. Hill, V.P. + Sec</b> <span style="float: right;">1/22/04</span> <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>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td><b>President</b></td><td></td></tr> <tr><td>STREET ADDRESS</td><td><b>Norman L. Woerner</b></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td><b>12990 County Rd. 95</b></td><td></td></tr> <tr><td></td><td><b>Elberta, AL 36530</b></td><td></td></tr> </table> </div> </div>						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<b>President</b>		STREET ADDRESS	<b>Norman L. Woerner</b>		CITY - ST - ZIP	<b>12990 County Rd. 95</b>			<b>Elberta, AL 36530</b>	
TITLE		<input type="checkbox"/> Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																														
NAME	<b>President</b>																															
STREET ADDRESS	<b>Norman L. Woerner</b>																															
CITY - ST - ZIP	<b>12990 County Rd. 95</b>																															
	<b>Elberta, AL 36530</b>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td><b>Vice President + Secretary</b></td><td></td></tr> <tr><td>STREET ADDRESS</td><td><b>Stan W. Hill</b></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td><b>8483 Stables Rd</b></td><td></td></tr> <tr><td></td><td><b>Jacksonville, FL 32256</b></td><td></td></tr> </table>				TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<b>Vice President + Secretary</b>		STREET ADDRESS	<b>Stan W. Hill</b>		CITY - ST - ZIP	<b>8483 Stables Rd</b>			<b>Jacksonville, FL 32256</b>	
TITLE		<input type="checkbox"/> Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																														
NAME	<b>Vice President + Secretary</b>																															
STREET ADDRESS	<b>Stan W. Hill</b>																															
CITY - ST - ZIP	<b>8483 Stables Rd</b>																															
	<b>Jacksonville, FL 32256</b>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
NAME																																
STREET ADDRESS																																
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: <u>Stan W. Hill</u> <b>Stan W. Hill, V.P. + Sec</b> <span style="float: right;">1/22/04</span> <span style="float: right;">904-358-2507</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																