2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2005 08:00 AN DOCUMENT # P03000006629 **Secretary of State** A&W INVESTMENT HOLDINGS, INC. Principal Place of Business Mailing Address 2610 FAIRFAX ST JACKSONVILLE FL 32209 PO BOX 41604 JACKSONVILLE FL 32203-1604 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite Apt. # etc CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 47-0906846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, STAN W Street Address (P.O. Box Number is Not Acceptable) 2610 FAIRFAX STREET JACKSONVILLE FL 32209 City 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 . Signature, Moved or printed name or redistered agent and title if applicable (NOTE: Registated Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Delete TITLE Change NAME WOERNER, NORMAN L NAME U00000206290 12990 COUNTRY RD. 95 STREET ADDRESS. STPEET ADDRESS 01/31/05-80078-009 150.00 ELBERTA AL 36530 City-ST ZIE $C: \underline{1A} \cdot \underline{21} \cdot \underline{71b}$ Hillie ☐ Delete THE ☐ Change Addition HILL, STAN W NAME NAME CTHE- LAGRERSS 8483 STABLES RD STREET ADDRESS CITY 51 - 7-12 JACKSONVILLE FL 32256 CITY-ST-ZIP 116.4 Delete TiffE ☐ Change ☐ Addition NAM+ NAME STREET ADDRESS STREET ADDRESS CITY S' - E-P CITY-ST-ZIP ☐ Delete THILE Change ☐ Addition NAME STREET ADDRESS SZERCIA TEERTS CITY-51-71M CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY ST-ZIP Dir-St-ar Milt ☐ Delete TITLE ☐ Change ☐ Addition NAM/ NAME STREET AUDRES STPEET ADDRESS CALLST AM CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Stan W.Nil

SIGNATURE: