


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

|                             |   |
|-----------------------------|---|
| DOCUMENT # P03000095499     |  |
| 1. Entity Name<br>RWW, INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br>4209 MILLSIDE ROAD<br>LAUREL HILL, FL 32567 | Mailing Address<br>PO BOX 819<br>GENEVA, AL 36340 |
|--|---|

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-0191163  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>CAPITAL CONNECTION, INC.<br>417 E. VIRGINIA ST.<br>STE. 1<br>TALLAHASSEE, FL 32301-1283 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000425438<br>02/18/06-80097-016 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WISE, J. ALLEN<br>P. O. BOX 329<br>SAMSON, AL 36477      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RIVENBARK, WILLIAM A<br>625 BURNT ST.<br>BLACK, AL 36314 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WARREN, DEREK A<br>508 AUSLEY RD.<br>SAMSON, AL 36477    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.

SIGNATURE: *[Signature]* Date: 2/3/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR