

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000095499

Entity Name: RWW, INC.

FILED
Mar 09, 2009
Secretary of State**Current Principal Place of Business:**8471 DAVIS ROAD
LAUREL HILL, FL 32567**New Principal Place of Business:****Current Mailing Address:**PO BOX 819
GENEVA, AL 36340**New Mailing Address:**

FEI Number: 20-0191163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WISE, J. ALLEN
Address: P. O. BOX 329
City-St-Zip: SAMSON, AL 36477Title: D () Delete
Name: AVERETT, EDWIN L
Address: 6011 NORTH SUITE HWY 27
City-St-Zip: CHANCELLOR, AL 36316Title: D () Delete
Name: WARREN, DEREK A
Address: 508 AUSLEY RD.
City-St-Zip: SAMSON, AL 36477Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: O () Change (X) Addition
Name: BOWDOIN, GABE
Address: 3236 CTY RD 661
City-St-Zip: SAMSON, AL 36477Title: O () Change (X) Addition
Name: AVERETT, DAWN W
Address: 7954 NORTH STATE HWY 27
City-St-Zip: CHANCELLOR, AL 36316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABE BOWDOIN

O

03/09/2009

Electronic Signature of Signing Officer or Director

Date