

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107580

Entity Name: MTW SOLUTIONS, INC

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

2338 IMMOKALEE RD  
300  
NAPLES, FL 34110 US

## Current Mailing Address:

2338 IMMOKALEE RD  
300  
NAPLES, FL 34110 US

## New Principal Place of Business:

6017 PINE RIDGE ROAD  
160  
NAPLES, FL 34119 US

## New Mailing Address:

6017 PINE RIDGE ROAD  
160  
NAPLES, FL 34119 US

FEI Number: 38-3662332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITED, CLAUDE O  
2338 IMMOKALEE RD.  
300  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

WHITED, CLAUDE O  
6017 PINE RIDGE ROAD  
160  
NAPLES, FL 34119 US

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WHITED, CLAUDE O  
Address: 2338 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34110 US

Title: SEC ( ) Delete  
Name: WHITED, CLAUDE O  
Address: 2338 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34110 US

Title: TRS ( ) Delete  
Name: WHITED, CLAUDE O  
Address: 2338 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34110 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WHITED, CLAUDE O  
Address: 6017 PINE RIDGE ROAD, PMB 160  
City-St-Zip: NAPLES, FL 34110 US

Title: SEC (X) Change ( ) Addition  
Name: WHITED, TINA M  
Address: 6017 PINE RIDGE ROAD, PMB 160  
City-St-Zip: NAPLES, FL 34119 US

Title: TRS (X) Change ( ) Addition  
Name: WHITED, TINA M  
Address: 6017 PINE RIDGE ROAD, PMB 160  
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDE WHITED

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date