

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

4/21/2004-90080-026-\$150.00-\$150.00

DOCUMENT # P03000113641

1. Entity Name
H.L.W., INC.



Principal Place of Business
1367 AUTUMN DRIVE
TAMPA FL 33613

Mailing Address
1367 AUTUMN DRIVE
TAMPA FL 33613

FILED

04 NOV 22 AM 8: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 45-0525538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WETER, HAROLD L. JR.
1367 AUTUMN DRIVE
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW WITH FEE OF \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WETER, HAROLD L. JR.	
STREET ADDRESS	1367 AUTUMN DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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)(f), 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:

Harold L. Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2004 813-917-2207

Date Daytime Phone

PATRICK K. FLANAGAN, CPA, P.A.

November 17, 2004

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: H.L.W., Inc., Ein: 45-0525538
Document: P03000113641, Form UBR - Annual Report 2004

Attention: Mr. Sean Toner, Senior Section Administrator

Dear Mr. Toner:

As accountant for the above referenced taxpayer, I enclose various information with respect to the corporation's annual filing.

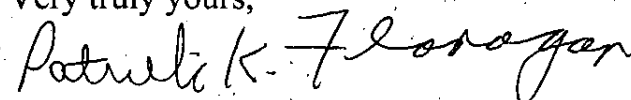
Taxpayer timely filed the enclosed annual report April 19, 2004 together with their check #1052 in the amount of \$ 150. We enclose copy of cancelled check.

The State of Florida returned the annual report in order for the taxpayer to include the corporation's federal identification number. Taxpayer entered the number and returned the form within 30 days of your letter dated April 28, 2004. **Taxpayer has been notified that the corporation is dissolved due to nonpayment of annual report fees.**

We respectfully request that the State **match the returned annual report with the cancelled check and reinstate said corporation.** Your cooperation and assistance is very much appreciated.

Should you have any questions with regard to the above, please do not hesitate to contact me at (813) 933-6826.

Very truly yours,



Patrick K. Flanagan
Certified Public Accountant
cc: Harold Weter, President