


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000131357</b>	
1. Entity Name <b>H &amp; W INVESTMENTS, INC.</b>	

Principal Place of Business <b>1707 CONNECTICUT AVE LYNN HAVEN, FL 32444</b>	Mailing Address <b>1707 CONNECTICUT AVE LYNN HAVEN, FL 32444</b>
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**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-2679924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WALTERS, ELIZABETH J ESQ  
BURKE BLUE & HUTCHISON, P.A.  
221 MCKENZIE AVE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, LEON L JR 1707 CONNECTICUT AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLEY, WILLIAM C IV 1320 E BUSINESS 98 #107 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000528414  
05/05/06-80036-011 150.00

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IN THIS SPACE**

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: Lee Walters 4/19/06 (850) 814-9786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #