
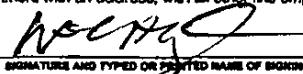


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 18, 2008 8:00 am
Secretary of State**

05-09-2008 90010 019 ***150.00

DOCUMENT # P03000131357 1. Entity Name H & W INVESTMENTS, INC.		
Principal Place of Business 1003 TECH DRIVE LYNN HAVEN, FL 32444	Mailing Address 1003 TECH DRIVE LYNN HAVEN, FL 32444	
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
D WALTERS, LEON L JR 1003 TECH DRIVE LYNN HAVEN, FL 32444		
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		
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: 		5/13/08 850-933-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

5/

66014351



04242008 No Chg-P CR2E034 (11/05)

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