


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90969 048 ***158.75

DOCUMENT # P04000032492 1. Entity Name FWMC, INC.					
Principal Place of Business 13867 OSPREY LINKS RD #149 ORLANDO, FL 32837				Mailing Address 13867 OSPREY LINKS RD #149 ORLANDO, FL 32837	
2. Principal Place of Business 14001 Osprey Links Road		3. Mailing Address 14001 Osprey Link Road			
Suite, Apt. #, etc. #355		Suite, Apt. #, etc. #355			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32837		Country Orange		Zip 32837	
Country Orange		4. FEI Number 20-0747145			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARONEY, WILLIAM P JR 13867 OSPREY LINKS RD #149 ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Maroney, William P Jr Street Address (P.O. Box Number is Not Acceptable) 14001 Osprey Links Rd #355 City Orlando FL Zip Code 32837	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARONEY, WILLIAM P JR 13867 OSPREY LINKS RD #149 ORLANDO, FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maroney, William P Jr 14001 Osprey Links Rd #355 Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DELARA, ALBERTO 1465 S KIRKMAN RD #2071 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: William P Maroney Jr President			Date 4-28-05 Daytime Phone # 407-855-9757		