

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142671

Entity Name: DRWW, INC.

FILED  
May 29, 2009  
Secretary of State

## Current Principal Place of Business:

2300 JOHN COX RD.  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3194  
TALLAHASSEE, FL 32315

## New Mailing Address:

2300 JOHN COX DR.  
TALLAHASSEE, FL 32310

FEI Number: 20-1759160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIMES, WALTER  
152 LOOP DR  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRIMES, WILLIAM W  
Address: PO BOX 3194  
City-St-Zip: TALLAHASSEE, FL 32315

Title: V ( ) Delete  
Name: GRIMES, ROBERT D  
Address: P.O. BOX 3194  
City-St-Zip: TALLAHASSEE, FL 32315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRIMES, WILLIAM W  
Address: 2300 JOHN COX  
City-St-Zip: TALLAHASSEE, FL 32310

Title: V (X) Change ( ) Addition  
Name: GRIMES, ROBERT D  
Address: 2300 JOHN COX  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WALTER GRIMES

PRES

05/29/2009

Electronic Signature of Signing Officer or Director

Date