

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90021 029 \*\*\*150.00

DOCUMENT # P04000145474

1. Entity Name  
AWIS, INC.



Principal Place of Business  
831 SW 44TH STREET  
CAPE CORAL, FL 33914

Mailing Address  
831 SW 44TH STREET  
CAPE CORAL, FL 33914



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1773582

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

AWIS, ANNE MARIE  
5018 SW 11TH CT  
CAPE CORAL, FL 33914

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	AWIS, ANNE MARIE
STREET ADDRESS	5018 SW 11TH CT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VTD
NAME	AWIS, BRIAN
STREET ADDRESS	5018 SW 11TH CT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	Vice President
NAME	Brian A. Awis
STREET ADDRESS	5018 SW 11th Court
CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: Brian A. Awis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-22-08 (239) 233-2196  
Date Daytime Phone \*