

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050478

Entity Name: B.W. FRANCHISES, INC.

FILED
Aug 18, 2008
Secretary of State

Current Principal Place of Business:

1620 W. UNIVERSITY AVE #1
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

PO BOX 12686
GAINESVILLE, FL 32604

New Mailing Address:

533 NW AMANDA STREET
LAKE CITY, FL 32055

FEI Number: 20-2706670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMBLE, WILLIAM B
533 NW AMANDA STREET
LAKE CITY, FL 32055 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: WOMBLE, WILLIAM B
Address: PO BOX 12686
City-St-Zip: GAINESVILLE, FL 32604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOMBLE, WILLIAM B
Address: 533 NW AMANDA STREET
City-St-Zip: LAKE CITY, FL 32055

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: WILLIAM WOMBLE

P

08/18/2008

Electronic Signature of Signing Officer or Director

Date