

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000057701

1. Entity Name
WLW ENTERPRISES, INC.



Principal Place of Business
**3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224**

Mailing Address
**3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224**



02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3277477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MERCIER, LEE F.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE, FL 32202**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WRIGHT, JAMES A.
3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WRIGHT, MARY ANN
3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
WRIGHT, BRIAN
12826 CEDAR BROOK CT.
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WRIGHT, SANDRA
12826 CEDAR BROOK CT.
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAROCCA, TRACY W.
10605 QUAIL RIDGE DR.
ST. AUGUSTINE, FL 32095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000708435
04/24/07-80110-025 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Wright 4-16-07 904/992-9219