

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125338

Entity Name: ATW ENTERPRISES, INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

22212 MONTROSE AVENUE  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

1341 RANDOLPH STREET  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

22212 MONTROSE AVENUE  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

P.O. BOX 496645  
PORT CHARLOTTE, FL 33949

FEI Number: 20-3460594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTHEW, JAMES R  
22212 MONTROSE AVENUE  
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: WEBB, ARTHUR T  
Address: 23165 GLEN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: WEBB, ARTHUR T  
Address: 1341 RANDOLPH STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ARTHUR T. WEBB

PRES

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date