

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90092 004 \*\*\*150.00

DOCUMENT # P06000018118

1. Entity Name

M&W CONSTRUCTION SERVICES, INC.



Principal Place of Business

221 ROSELING CROSSINGS  
DAVENPORT FL 33897

Mailing Address

221 ROSELING CROSSINGS  
DAVENPORT FL 33897



2. Principal Place of Business - No P.O. Box #

221 Roseling Crossing  
Suite, Apt. #, etc.  
n/a

3. Mailing Address

221 Roseling Crossing  
Suite, Apt. #, etc.  
n/a

1st MOORE

CR2E034 (10/06)

City & State

Davenport, FL

City & State

Davenport FL

4. FEI Number

20-3859746 - EIN

Applied For

Not Applicable

Zip

33897

Country

FL

Zip

33897

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PARRISH, MICHAEL	
STREET ADDRESS	221 ROSELING CROSSINGS	
CITY- ST- ZIP	DAVENPORT FL 33897	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VAUGHN, WANDA	
STREET ADDRESS	221 ROSELING CROSSINGS	
CITY- ST- ZIP	DAVENPORT FL 33897	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Parrish Michael Parrish 4/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 579 8655