

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080191

Entity Name: WMW AMPOL, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

405 ADAMS AVE UNIT 1  
CAPE CANAVERAL, FL 32920

## New Principal Place of Business:

49 FRONTIER DRIVE  
PALM COAST, FL 32137

## Current Mailing Address:

405 ADAMS AVE UNIT 1  
CAPE CANAVERAL, FL 32920

## New Mailing Address:

49 FRONTIER DRIVE  
PALM COAST, FL 32137

FEI Number: 26-0579618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIECZOR, PAUL  
405 ADAMS AVE UNIT 1  
CAPE CANAVERAL, FL 32920 US

## Name and Address of New Registered Agent:

WIECZOR, PAUL  
49 FRONTIER DRIVE  
PALM COAST, FL 32137 US

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: PAUL WIECZOR

05/01/2008

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: WAWRZYNIAK, JACEK  
Address: 405 ADAMS AVE UNIT 1  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete  
Name: MARKIEWICZ, JAN  
Address: 405 ADAMS AVE UNIT 1  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete  
Name: WIECZOR, PAUL  
Address: 405 ADAMS AVE UNIT 1  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL WIECZOR

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date