2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2008 8:00 am **DOCUMENT # P07000097524 Secretary of State** 1. Entity Name 02-12-2008 90022 018 ***150.00 IWG COMPANY, INC Principal Place of Business Mailing Address 900 HIGHWAY 98 7279 COUNTYLINE ROAD MEXICO BEACH FL 32410 PELHAM GA 31779 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 26-0818098 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32456 ÚS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSTIN, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 413 WILLIAMS AVENUE PORT ST. JOE FL 32456 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 practed learns of registered agent and title Tamplicable. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAMÉ GODWIN, KENNETH T NAME STREET ADDRESS 7273 COUNTYLINE ROAD STREET ADDRESS CITY-ST-ZIP PELHAM GA 31779 CITY-ST-ZIP VP.S TITE F ☐ Detete TITL F ☐ Change Addition GODWIN, CHADWICK I NAME STREET ADDRESS 7273 COUNTYLINE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PELHAM GA 31779 TITLE ☐ Delete 31111 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

7,6.02/08

Daytime Phone #

FILED