

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # P33161

**1. Entity Name
FW CORPORATION**



**Principal Place of Business
1025 E BUCHANON AVE
ORLANDO, FL 32809 US**

**Mailing Address
1025 E BUCHANON AVE
ORLANDO, FL 32809 US**



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
04-2938374**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**LESTER, KENNETH R., JR.
6500 HIGHWAY 17-92
FERN PARK, FL 32730**

**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 agree, 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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE CPV
NAME HESS, BRIAN N.
STREET ADDRESS 1025 E BUCHANON AVE
CITY-ST-ZIP ORLANDO, FL 32809**

**TITLE ST
NAME HESS, BRIAN N.
STREET ADDRESS 1025 E BUCHANON AVE
CITY-ST-ZIP ORLANDO, FL 32809**

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP**

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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:

BRIAN HESS, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2006
Date

Daytime Phone #