


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000007666</b> 1. Entity Name AWCO, INC.	
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Principal Place of Business 2270 N HIGHLAND TARPON SPRINGS, FL 34689 US	Mailing Address 2270 N HIGHLAND TARPON SPRINGS, FL 34689 US
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3154209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  WISEMAN, ALBERT D 2270 N HIGHLAND TARPON SPRINGS, FL 34689	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDS WISEMAN, ALBERT D 2270 N HIGHLAND TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISEMAN, ALBERT D 2270 N HIGHLAND TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISEMAN, EMILY A 2270 N HIGHLAND RD TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000163772  
07/07/04-80016-001 163.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Emily A. Wiseman 727-938-0814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #