

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000050382**

1. Entity Name  
**FOW FLORIDA, INC.**



Principal Place of Business  
**5401 W OAKRIDGE ROAD  
ORLANDO, FL 32819**

Mailing Address  
**5401 W OAKRIDGE ROAD  
ORLANDO, FL 32819**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1535885</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000641742  
03/01/07-80012-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELZ, MARTIN S. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, SPENCER S 25 BAYRIDGE COURT APOPKA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JIMMIE D. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROVEMAN, ANDREW J. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELZ, RONALD A. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jimmie D. Williams*

Date

Daytime Phone #

2-1-07 901-767-4780