


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 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
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1535885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELZ, MARTIN S. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, SPENCER S 25 BAYRIDGE COURT APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JIMMIE D. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROVEMAN, ANDREW J. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELZ, RONALD A. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80061-022 150.00

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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:  **Jimmie D. Williams** **1-29-08** **901-747-4780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #