


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90230 015 \*\*\*150.00

**DOCUMENT # P93000054161**

1. Entity Name  
**H.W. PROPERTIES, INC.**



Principal Place of Business  
**39 BAY STREET**  
**OZONA, FL 34660 US**

Mailing Address  
**P.O. BOX 68**  
**OZONA, FL 34660 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04032004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0427925**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**HARRISON, D.A.**  
**39 BAY STREET**  
**OZONA, FL 34660**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE - NAME<br>HARRISON, DONALD A             | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>39 BAY ST                    |  |
| CITY-ST-ZIP<br>OZONA, FL 34660                 |  |
| TITLE - NAME<br>VP WEIBLING, DENNIS            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>9125 LAKE WASHINGTON BLVD NE |  |
| CITY-ST-ZIP<br>BELLEVUE, WA 98004              |  |
| TITLE - NAME<br>ST WEIBLING, JANET M           | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>39 BAY ST                    |  |
| CITY-ST-ZIP<br>OZONA, FL 34660                 |  |
| TITLE - NAME<br>VP WEIBLING, DONALD M          | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>1509 JERSTAD WAY             |  |
| CITY-ST-ZIP<br>KISSIMMEE, FL 34746             |  |
| TITLE - NAME<br>VP WEIBLING, GENE L            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>1509 JERSTAD WAY             |  |
| CITY-ST-ZIP<br>KISSIMMEE, FL 34746             |  |
| TITLE - NAME                                   | <input type="checkbox"/> Delete            |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |

|  |  |
|--|--|
| TITLE - NAME<br>VICE PRESIDENT JANET WEIBLING HARRISON | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>39 BAY ST                            |  |
| CITY-ST-ZIP<br>OZONA, FL 34660                         |  |
| TITLE - NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE - NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |

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: *Janet Weibling Harrison* **4-20-04** **727-787-7544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #