

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000084252

1. Entity Name
AWI INTERNATIONAL, INC.



Principal Place of Business
2351 KINGS POINT DRIVE
LARGO, FL 33774

Mailing Address
P.O BOX 2583
LARGO, FL 33779 US

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3437968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHIESSEN, PETER
2351 KINGS POINT DRIVE
LARGO, FL 33774

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATTHIESSEN, PETER
STREET ADDRESS	2351 KINGS POINT DR
CITY - ST - ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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 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:

P. Matthesen **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 **727-251-2545**

Date

Daytime Phone #