2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Anr 29. 2005 08:00 AM

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DOCUI 1. Entity Nam H.W.N FO	n e	# P9600009 as inc	0650)			Se	ecretary o	f State	
Principal Place of Business Mailing Address										
4209 CRAWFORDVILLE RD TALLAHASSEE, FL 32310 US				4209 CRAWFORDVILLE RD TALLAHASSEE, FL 32310 US			 - 	THE RESIDENCE TRUIS ENGLIS SE	iut aa uud 1890 Neol Becal Beel B	Fildri il irak
2. Principal P	lace of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04292005		CR2E034 (10/03)	
City & State			City & State				4. FEI Num 59-34	ber 0 8956	N	pplied For ot Applicable
Zip	Country			Zip Cou		itry	5. Certificate of Status Desired \$8.75 Ad Fee Require 7. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent						Name	7. Name ar	d Address of New F	legistered Agent	
ABULABAN, WALID 1975 HICKORY TREE LN TALLAHASSEE, FL 32303					Street Address (P.O. Box Number is Not Acceptable)					
						City			FL Zip Coo	ie
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 \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS ANI	DIREC	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE	PR - Delete TITT					E		•	☐ Change	☐ Addition
NAME	ABULABAN, WALID 1975 HICKORY TREE LN STR					TÉ EET ADDRESS				
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NAME STREET ADDRESS					NAM STRE	ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
12. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 logal effect as if made under eath, 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: MARKE 4/29/5 5242105										
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