

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90035 041 ***150.00

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1. Entity Name

3 W-INTERNATIONAL, INC.



Principal Place of Business

**11583 SW 72ND CIRCLE
OCALA FL 34476**

Mailing Address

**PO BOX 76268
OCALA FL 34476**

2. Principal Place of Business

3. Mailing Address

11583 SW 72nd CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

4. FEI Number

59-3456417

Applied For

Not Applicable

Zip

Country

Zip

Country

34476

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUELLER, LYNNE G
11583 SW 72ND CIRCLE
OCALA FL 34476**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **MUELLER, LYNNE G**
STREET ADDRESS **11583 SW 72ND CIRCLE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **MUELLER, LYNNE G**
STREET ADDRESS **11583 SW 72ND CIRCLE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

LYNNE G MUELLER

JAN 30, 2006

352-861-0213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #