

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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03012006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000075923 1. Entity Name M & W STRUCTURES, INC.					
Principal Place of Business 3666 NE 25TH ST STE A OCALA, FL 34470			Mailing Address 3666 NE 25TH ST STE A OCALA, FL 34470		
2. Principal Place of Business P.O. Box 2722 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2722 Suite, Apt. #, etc.			
City & State VERO BEACH, FLA.		City & State VERO BEACH FLA.		4. FEI Number 65-0781530	
Zip 32961		Country INDIAN RIVER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAIO, FRANK 3666 NE 25TH ST OCALA, FL 34470		7. Name and Address of New Registered Agent Name MAIO FRANK Street Address (P.O. Box Number is Not Acceptable) 1805 10TH PLACE City VERO BEACH FL Zip Code 32960			
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIO, FRANK 14136 NE 52ND PL RD SILVER SPRINGS, FL 34488		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAIO FRANK P.O. Box 2722 VERO BEACH, FLA. 32961-2722	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITLEY, STEVE 2452 CHASE CIRCLE CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Frank Maio</u> PRESIDENT <u>4-1-06 (772) 778-6867</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					