

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075923

Entity Name: M & W STRUCTURES, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

PO BOX 2722  
VERO BEACH, FL 32961

## New Principal Place of Business:

1805 10TH PLACE  
VERO BEACH, FL 32960

## Current Mailing Address:

PO BOX 2722  
VERO BEACH, FL 32961

## New Mailing Address:

FEI Number: 65-0781530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAIO, FRANK  
1805 10TH PLACE  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAIO, FRANK  
Address: PO BOX 2722  
City-St-Zip: VERO BEACH, FL 329612722

Title: V ( ) Delete  
Name: WHITLEY, STEVE  
Address: 2452 CHASE CIRCLE  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MAIO

PRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date