


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000078769</b>	
1. Entity Name H.W. INVESTMENT GROUP, INC.	
	
Principal Place of Business 377 COYELLIS RD DEFUNIAK SPRINGS, FL 32433	Mailing Address 377 COY ELLIS ROAD DEFUNIAK SPRINGS, FL 32433



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3471169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent  WELTON & WILLIAMSON, P.A. 1020 FENDON BLVD S CRESTVIEW, FL 32536	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000124222 04/22/04-80034-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMSON, HILTON 377 COY ELLIS ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILLIAMSON, A. WAYNE 167 E POINT WASHINGTON RD SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:** Hilton Williamson 4/22/04 850-892-3034 work  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 850-2756 Hilton