

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90037 048 \*\*\*150.00

**DOCUMENT # P97000078769**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3471169**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELTON & WILLIAMSON, P.A.  
1020 FERDON BLVD S  
CRESTVIEW, FL 32536**

Name

**Welton & Williamson, LLC**

Street Address (P.O. Box Number is Not Acceptable)

**1020 Ferdon Blvd. S.**

City

**Crestview**

**FL**

Zip Code

**32536**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

**23 Jan. 2006**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **WILLIAMSON, HILTON**  
CITY-ST-ZIP **377 COY ELLIS ROAD  
DEFUNIAK SPRINGS, FL 32433**

TITLE ☒ Change ☐ Addition  
NAME **Williamson, Hilton**  
STREET ADDRESS **377 COY ELLIS ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE ☒ Delete  
NAME **ST**  
STREET ADDRESS **WILLIAMSON, A. WAYNE**  
CITY-ST-ZIP **167 E POINT WASHINGTON RD  
SANTA ROSA BEACH, FL 32459**

TITLE ☒ Change ☐ Addition  
NAME **Williamson, A. WAYNE**  
STREET ADDRESS **1020 S. Ferdon Blvd South**  
CITY-ST-ZIP **Crestview FL 32536**

TITLE ☒ Delete  
NAME **VP**  
STREET ADDRESS **WILLIAMSON, JANE**  
CITY-ST-ZIP **372 COY ELLIS ROAD  
DEFUNIAK SPRINGS, FL 32433**

TITLE ☒ Change ☐ Addition  
NAME **Williamson, Jane**  
STREET ADDRESS **377 COY ELLIS ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**23 Jan. 2006**

Date

**(850) 682-2120**  
Daytime Phone