

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080315

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: HWL INC.

**Current Principal Place of Business:**

2879 SAND BLUFF COVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

2015 WESTBOURNE DRIVE  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 620190  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 59-3470759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LABITA, AMY  
2879 SAND BLUFF COVE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

LABITA, AMY  
2015 WESTBOURNE DRIVE  
OVIEDO, FL 32765 US

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

04/10/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LABITA, WILLIAM  
Address: 2879 SAND BLUFF AVE  
City-St-Zip: OVIEDO, FL 32765

Title: C ( ) Delete  
Name: LABITA, AMY  
Address: 2879 SAND BLUFF AVE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LABITA, WILLIAM  
Address: 2015 WESTBOURNE DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: C (X) Change ( ) Addition  
Name: LABITA, AMY  
Address: 2015 WESTBOURNE DRIVE  
City-St-Zip: OVIEDO, FL 32765

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: WILLIAM LABITA

Electronic Signature of Signing Officer or Director

D

04/10/2008

Date