

May 10, 2005 1:45PM

No. 7636 P. 1

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000091865 1. Entity Name W & W DESIGNS, INC.	
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Principal Place of Business
**3347 SOUTH FEDERAL HIGHWAY
STUART, FL 34997**

Mailing Address
**3347 SOUTH FEDERAL HIGHWAY
STUART, FL 34997**



05102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0808027	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SCOTT, PORTIA B
1508 LARK BOULEVARD
STUART, FL 34996**

**DO NOT WRITE
IN THIS SPACE**

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.

UN00000366764
05/16/05-80005-016 150.00

SIGNATURE _____ (NOTE: Registered Agent Signature required when (re)registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

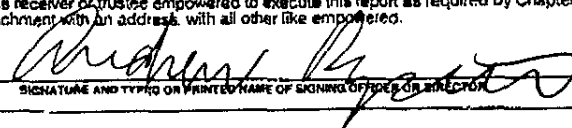
**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZIANO, ANDREW 2023 MOCKINGBIRD LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #