

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90033 020 \*\*\*150.00

DOCUMENT # P97000100344

1. Entity Name  
IRSW ENTERPRISES, INC



Principal Place of Business  
9283 SAN JOSE BLVD., STE 101A  
JACKSONVILLE, FL 32257

Mailing Address  
9283 SAN JOSE BLVD., STE 101A  
JACKSONVILLE, FL 32257

40060010



01302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
9283 San Jose Blvd, STE 101  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 89  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL  
Zip  
32257  
Country

City & State  
Friendshipville, TN  
Zip  
37737  
Country

4. FEI Number  
59-3496326

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITTINGTON, IRIS C  
9283 SN JOSE BLVD., STE-101A  
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name  
Whittington, Iris C.  
Street Address (P.O. Box Number is Not Acceptable)  
9283 San Jose Blvd., STE 101  
City  
Jacksonville, FL  
Zip Code  
32257

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 Iris C. Whittington

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHITTINGTON, IRIS C 9283 SAN JOSE BLVD., STE 101A JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Whittington, Iris C. P.O. Box 89 Friendshipville, TN 37737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08 865 995-2634

Date

Daytime Phone #