

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000107616**

1. Entity Name  
PWT, INC.



Principal Place of Business  
1999 NE LIVINGSTON STREET  
ARCADIA, FL 34266

Mailing Address  
1999 NE LIVINGSTON STREET  
ARCADIA, FL 34266



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3483986

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TURNER, PHILIP W  
1999 NE LIVINGSTON STREET  
ARCADIA, FL 34266

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000598334  
01/24/07-80072-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TURNER, PHILIP W  
STREET ADDRESS 1999 NE LIVINGSTON ST  
CITY-ST-ZIP ARCADIA, FL 34266

TITLE VD  
NAME TURNER, SHIRLEY F  
STREET ADDRESS 1999 NE LIVINGSTON ST  
CITY-ST-ZIP ARCADIA, FL 34266

TITLE STD  
NAME MCKETTRICK, LIBBY T  
STREET ADDRESS 1922 NE LIVINGSTON ST  
CITY-ST-ZIP ARCADIA, FL 34266

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

Libby T. McKettrick

Jan. 12, 2007

Date

863-494-3700

Daytime Phone #