

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107616

Entity Name: PWT, INC.

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1999 NE LIVINGSTON STREET  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

1999 NE LIVINGSTON STREET  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 59-3483986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TURNER, PHILIP W  
Address: 1999 NE LIVINGSTON ST  
City-St-Zip: ARCADIA, FL 34266

Title: VD  
Name: TURNER, SHIRLEY F  
Address: 1999 NE LIVINGSTON ST  
City-St-Zip: ARCADIA, FL 34266

Title: STD  
Name: MCKETTRICK, LIBBY T  
Address: 1922 NE LIVINGSTON ST  
City-St-Zip: ARCADIA, FL 34266

I hereby 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 all other like empowered.

SIGNATURE: LIBBY T. MCKETTRICK

STD

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date