

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90048 009 \*\*\*150.00

**DOCUMENT # P98000096994**

1. Entity Name  
MWW, INC.



Principal Place of Business  
88 N.E. 5TH AVE  
DELRAY BEACH, FL 33483

Mailing Address  
88 N.E. 5TH AVE  
DELRAY BEACH, FL 33483



04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
3300 SW 14th Place  
Suite, Apt. #, etc.  
Unit 3  
City & State  
Boynton Beach, FL

3. Mailing Address  
3300 SW 14th Place  
Suite, Apt. #, etc.  
Unit 3  
City & State  
Boynton Beach, FL

4. FEI Number  
65-0876799  
Applied For  
Not Applicable

Zip  
33426-9034  
Country  
USA

Zip  
33426-9034  
Country  
USA

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

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

SCHONE, LARRY T  
72 NE 5TH AVE  
DELRAY BEACH, FL 33483

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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, 2004 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	PD PENNINGTON, JOHN 88 N.E. 5TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MULLER, KEVIN 88 NE 5TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, RALPH P 88 NE 5TH AVE. DELRAY BEACH, FL 33483	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 SW 14th Place Unit 3 Boynton Beach, FL 33426-9034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 SW 14th Place Unit 3 Boynton Beach, FL 33426-9034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 SW 14th Place Unit 3 Boynton Beach, FL 33426-9034
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
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 exemption stated in Section 119.07(3)(i), 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

Kevin Muller

4-13-04

501-278-2294

Date Daytime Phone #