


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S06011</b> 1. Entity Name <b>K W INVESTMENTS, INC.</b>		
Principal Place of Business <b>801 GADSDEN AVE GREENSBORO, FL 32330</b>		Mailing Address <b>PO BOX 97 GREENSBORO, FL 32330</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WILLIS, WILLIAM E JR. 801 GADSDEN AVE GREENSBORO, FL 32330</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not applicable.)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 Me</b> Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIS, WILLIAM E JR CORNER GADSEN AVE & 8TH ST GREENSBORO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIS, PATRICIA C CORNER GADSDEN AVE & 8TH ST GREENSBORO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEVER, TERRY 103 CLARK ST GREENSBORO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEVER, JANET BENTLEY 103 CLARK ST GREENSBORO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes. I further certify that the information 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: <u>William E. Willis Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



No Chg-P CR2E034 (11/05)

Pr <b>0487</b>	Applied For <input type="checkbox"/> Not Applicable
of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**NOT WRITE  
IN THIS SPACE**

I, in the State of Florida. I am familiar with, and accept

DATE

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01/18/07-80019-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

Florida Statutes. I further certify that the information 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.

1627 (850) 541-6941  
Date Daytime Phone #