

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F25036

**Entity Name:** MWS CORPORATION

**Current Principal Place of Business:**

MWS CORP  
727 GLENDALE ST  
LAKELAND, FL 33803

**Current Mailing Address:**

PO BOX 66  
LAKELAND, FL 33802-0066 US

**FEI Number:** 59-2082544

**Certificate of Status Desired:** No

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

SKIPPER, MARSHA M  
721 WEDGEWOOD LANE  
LAKELAND, FL 33813 US

*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

**Officer/Director Detail :**

Title DVP  
Name SKIPPER, EDWARD M  
Address PO BOX 66  
City-State-Zip: LAKELAND FL 33803

Title D  
Name SKIPPER, JERE  
Address 721 WEDGEWOOD LANE  
City-State-Zip: LAKELAND FL 33813

Title DS  
Name SKIPPER, WILLIAM P  
Address 1851 HILL DR.  
City-State-Zip: LOS ANGELES CA 90041

Title DP  
Name SKIPPER, MARSHA M  
Address 721 WEDGEWOOD LANE  
City-State-Zip: LAKELAND FL 33813

*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:** MARSHA M. SKIPPER

**PRESIDENT**

**05/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date