

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000080315

**Entity Name:** HWL INC.

**Current Principal Place of Business:**

2625 TURTLEHEAD COVE  
OVIEDO, FL 32766

**Current Mailing Address:**

PO BOX 620190  
OVIEDO, FL 32762

**FEI Number:** 59-3470759

**Certificate of Status Desired:** No

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

LABITA, AMY  
2625 TURTLEHEAD COVE  
OVIEDO, FL 32766 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            D  
Name            LABITA, WILLIAM  
Address        2625 TURTLEHEAD COVE  
City-State-Zip: OVIEDO FL 32766

Title            C  
Name            LABITA, AMY  
Address        2625 TURTLEHEAD COVE  
City-State-Zip: OVIEDO FL 32766

Title            DIRECTOR  
Name            LABITA, HARRISON W  
Address        2625 TURTLEHEAD COVE  
City-State-Zip: OVIEDO FL 32766

*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:** AMY LABITA

**CHAIRMAN**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date