


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 005 ***150.00

DOCUMENT # P02000009397

1. Entity Name
GW LAND HOLDING, INC.



Principal Place of Business: 101 SE 21ST STREET, FORT LAUDERDALE FL 33316

Mailing Address: 101 SE 21ST STREET, FORT LAUDERDALE FL 33316

2. Principal Place of Business: 120 NE 4TH Street, Fort Lauderdale, FL 33301

3. Mailing Address: 120 NE 4TH Street, Fort Lauderdale, FL 33301



MOORE CR2E034 (11/03)

4. FEI Number: 59-2338379

Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: RICHARDSON, GEX F, 101 SE 21ST STREET, FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent: RICHARDSON, GEX F, 120 NE 4TH STREET, FORT LAUDERDALE, FL 33301

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D, P NAME: WRIGHT, GLENN JR STREET ADDRESS: 101 SE 21ST STREET CITY-ST-ZIP: FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE: D, V NAME: WRIGHT, PATRICIA K STREET ADDRESS: 101 SE 21ST STREET CITY-ST-ZIP: FT. LAUDERDALE FL 33316	<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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: WRIGHT, GLENN JR STREET ADDRESS: 120 NE 4th Street CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: WRIGHT, PATRICIA K STREET ADDRESS: 120 NE 4th Street CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" 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
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]* DATE: 4-29-04 DAYTIME PHONE #: 954-761-3472