

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000023441	
1. Entity Name GTW OF PINELLAS, INC.	

Principal Place of Business 110 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708	Mailing Address GTW OF PINELLAS, INC 9204 66TH ST LOT 57 PINELLAS PARK, FL 33782
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2326483	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, GLENN T 9900 HAMLIN BLVD #408 SEMINOLE, FL 33776
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALKER, GLENN T 9900 HAMLIN BLVD. #408 SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALKER, JOAN 9900 HAMLIN BLVD. #408 SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WALKER, TOM 9900 HAMLIN BLVD. #408 SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/08/08-80058-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Glenn T Walker* / Glenn T Walker *4/15/08 *393-0979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #