


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000052350 1. Entity Name PWGP, INC.	
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Principal Place of Business P.O. BOX 39238 FT. LAUDERDALE, FL 33339-9238	Mailing Address P.O. BOX 39238 FT. LAUDERDALE, FL 33339-9238
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0512676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREATON, WILSON B  
 2601 EAST OAKLAND PARK BLVD.  
 SUITE 405  
 FT. LAUDERDALE, FL 33306-1617

**DO NOT WRITE IN THIS SPACE**

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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000056327 02/19/04-80015-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREATON, WILSON B JR 2601 E. OAKLAND PK. BLVD. #405 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHANY, ELIZABETH G 2601 E. OAKLAND PK BLVD #405 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLLER, LINDA 2601 E. OAKLAND PK BLVD #405 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wilson B. Greaton, Jr. President 2-16-04 954-561-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #