


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000037915		
1. Entity Name GWW, INC.		

Principal Place of Business 5000 SE 183 AVE ROAD OCKLAWAHA, FL 32179	Mailing Address 1838 S. MAIN ST DAYTON, OH 45409
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01162006 No Chg-F CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3506774	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	
WHITSON, GLEN R 5000 SE 183 AVE ROAD LOT A-2 OCKLAWAHA, FL 32179	

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U000000423147
02/17/06-80045-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITSON, GLEN R 5000 SE 183 AVE RD LOT#M7 OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSON, MARY 5000 SE 183 AVE RD #M7 OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHITSON, CHARLES M 1510 STATE STREET LAWRENCEVILLE, IL 62439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSON, LINDA M 1510 STATE STREET LAWRENCEVILLE, IL 62439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENWOOD, TED 1838 SOUTH MAIN ST DAYTON, OH 45409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWOOD, GINA L 1838 SOUTH MAIN S DAYTON, OH 45409

**DO NOT WRITE
IN THIS SPACE**

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:  **TED A. GREENWOOD** Pres 937-228-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #