2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 26, 2004 8:00 am Secretary of State **DOCUMENT # 425610** 1. Entity Name 03-26-2004 90025 048 ***150.00 GWW INVESTMENTS, INC. Principal Place of Business Mailing Address 5726 CORTEZ ROAD, W 5726 CORTEZ ROAD, W. **BRADENTON FL 34210** BRADENTON FL-34210 2. Principal Place of Business 3. Mailing Address omei Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Oity & State 4. FEI Number Applied For 59-1549725 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MADRAK, JOE W. 1761 POMELO DR. VENICE FL 34293 City enice 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition WATKINS, GLENWRIGHT C. NAME POMELO DRIVE 6726 CORTEZ RD. W #349 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MADRAK, JOE W. NAME NAME STREET ADDRESS 1761 POMELO DR. STREET ADDRESS CITY-ST-7IP VENICE FL CITY-ST-ZIP TITLE ☐ Delete Addition TITLE MICHAEL MADRAK MARDRAK, MIKE E. NAME NAME STREET ADDRESS 229 LAKEWOOD DRIVE STREET ADDRESS CITY-ST-Z(P **BRADENTON FL** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 my stee emptivered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED