

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91016 006 ***150.00

DOCUMENT # 622689

1. Entity Name

G & W MANAGEMENT, INC.



Principal Place of Business

180 CYPRESS CLUB DR
3815
POMPANO BEACH FL 33060
US

Mailing Address

180 CYPRESS CLUB DR
3815
POMPANO BEACH FL 33060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOMAKER, IRENE
180 CYPRESS CLUB DR
#815
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SCHUMAKER, IRENE
STREET ADDRESS 2220 BE 68 ST, APT #1026
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME SCHOMAKER, GUENTER
STREET ADDRESS 2220 NE 68 ST, APT #1026
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

54042495



MOORE

CR2E034 (11/03)

4. FEI Number

59-1910571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

4.25.04

954 295 9846
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