


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 013 ***150.00

DOCUMENT # 622689 1. Entity Name G & W MANAGEMENT, INC.	
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Principal Place of Business 180 CYPRESS CLUB DR, #815 POMPANO BEACH, FL 33060 US	Mailing Address P.O. BOX 520 4962 CORNELIUS, NC 28031 US MOORESVILLE, N.C. 28117
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DO NOT WRITE IN THIS SPACE

40001000



04012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1910571	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 SCHOMAKER, IRENE 180 CYPRESS CLUB DR #815 POMPANO BEACH, FL 33060

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMAKER, IRENE 180 CYPRESS CLUB DR #815 POMPANO BEACH, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOMAKER, GUENTER 180 CYPRESS CLUB #815 POMPANO BEACH, FL 33066
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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: Chuck B. Schomaker Pres 4.19.07 294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

954 295 9846