

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90058 046 ***150.00

DOCUMENT # 650058

1. Entity Name
WRTW, INC.



Principal Place of Business
**1720 U.S. 1 SOUTH
ST AUGUSTINE, FL 32089**

Mailing Address
**1720 U.S. 1 SOUTH
ST AUGUSTINE, FL 32089**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32084**

Country

Zip **32084**

Country

04272007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1963638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMBS, GUY
241 CREEKSIDE DR.
ST. AUGUSTINE, FL 32086**

Name **Pamela Murphy**

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

3553 Kings Road South

City **St. Augustine**

FL

Zip Code **32086**

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

Pamela Murphy

4-30-07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOMELDURF, RALPH D	
STREET ADDRESS	2606 N.E. 18TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PS	<input type="checkbox"/> Delete
NAME	TILLMAN, ROBERT	
STREET ADDRESS	HIGHWAY 25-B	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	COMBS, GUY	
STREET ADDRESS	241 CREEKSIDE DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claude Goodwin	
STREET ADDRESS	2515 Holly Point Road E.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Murphy	
STREET ADDRESS	3553 Kings Road South	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Pamela Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

904-824-3206

Daytime Phone #