

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000000395

1. Entity Name
W3 RESOURCES, INC.



Principal Place of Business
2016 TARPON BAY NORTH, #102
NAPLES, FL 34119

Mailing Address
2016 TARPON BAY NORTH, #102
NAPLES, FL 34119



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2883089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZIFF-LEVINE WILLIAM J
2016 TARPON BAY NORTH, #102
NAPLES, FL 34119

**DO NOT WRITE
IN THIS SPACE**

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

William Jiff Levine

1/24/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
TRIPP, WILLIAM K
428 EXTON COMMONS
EXTON, PA 19341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
ZIFF-LEVINE, WILLIAM J
2016 TARPON BAY NORTH, #102
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11172006410749
02/09/06-80038-022 150.00

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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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

Jan 24, 2006 239-593-3554