


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90311 038 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F37463</b>                |  |
| 1. Entity Name<br>GWW DEVELOPMENT, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>900 S US HWY 1 STE 109<br>JUPITER, FL 33477 US | Mailing Address<br>900 S US HWY 1 STE 109<br>JUPITER, FL 33477 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03162006 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>75-1707385                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>WILSON, JEFF<br>900 SO US HWY 1 STE 109<br>JUPITER, FL 33477 |
|---|

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>WILSON, JEFF A<br>900 SO US HWY 1 STE 109<br>JUPITER, FL 33477 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SFD<br>WILSON, JOEL L<br>900 SO US HWY 1 STE 109<br>JUPITER, FL 33477 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>WILSON, JOAN A<br>900 SO US HWY 1 STE 109<br>JUPITER, FL 33477  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE: Jeff A. Wilson JEFF A. Wilson 4/1/06 561-744-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #