

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90018 047 ***150.00

DOCUMENT # F39075

1. Entity Name
W W SALES COMPANY, INC.



Principal Place of Business

**C/O AUSMA M WADE
4430 RIVER TRAIL ROAD
JACKSONVILLE, FL 32277 US**

Mailing Address

**C/O AUSMA M WADE
4430 RIVER TRAIL ROAD
JACKSONVILLE, FL 32277 US**

DO NOT WRITE IN THIS SPACE



05122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2101392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WADE, AUSMA M.
4430 RIVER TRAIL ROAD
JACKSONVILLE, FL 32277**

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WADE, W WEBB
STREET ADDRESS	4430 RIVER TRAIL RD
CITY-ST-ZIP	JAX, FL 32277
TITLE	DS
NAME	WADE, AUSMA M
STREET ADDRESS	4430 RIVER TRAIL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	PRESIDENT
NAME	W. WEBB WADE
STREET ADDRESS	4430 RIVER TRAIL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: **W W Wade, President 5/12/06 904-744-7645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #