


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90041 025 ***150.00

DOCUMENT # F39075 1. Entity Name W W SALES COMPANY, INC.	
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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
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40065133



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2101392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WADE, AUSMA M. 4430 RIVER TRAIL ROAD JACKSONVILLE, FL 32277
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DP WADE, W WEBB 4430 RIVER TRAIL RD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WADE, AUSMA M 4430 RIVER TRAIL ROAD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WADE, W. WADE 4430 RIVER TRAIL ROAD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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: *W.W. Webb* *W. Webb* *Wade* 3/31/08 744-7645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #