

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90099 025 \*\*\*150.00

DOCUMENT # H01018

1. Entity Name\*

G. W. D. PROPERTIES, INC.



Principal Place of Business

110 NE 6TH AVENUE  
P.O. BOX 820  
WILLISTON FL 32696

Mailing Address

PO BOX 820  
WILLISTON FL 32696

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

116 NW Main St.  
Suite, Apt. #, etc.  
PO Box 820

3. Mailing Address

Suite, Apt. #, etc.

City & State

Williston FL

City & State

Zip

32696

Country

USA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

WEBB, CHARLES M., JR.  
110 N.E. 6TH AVENUE  
WILLISTON FL 32696

7. Name and Address of New Registered Agent

Name

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

116 NW Main St.

City

Williston

FL

Zip Code

32696

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, hand or printed name of registered agent and state if applicable.

Charles M. Webb Jr.

(NOTE: Registered Agent signature required when reinstating)

4-10-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WEBB, CHARLES M., JR.  
STREET ADDRESS P O BOX 820 N/A  
CITY-ST-ZIP WILLISTON FL

TITLE VP ☐ Delete  
NAME WEBB, SUSAN H.  
STREET ADDRESS P.O. BOX 820 N/A/  
CITY-ST-ZIP WILLISTON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Charles M. Webb Jr.

Charles M. Webb Jr.

4-10-08

Date

352-528-3663

Daytime Phone #