

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90342 013 ***158.75



DOCUMENT # H91625	
1. Entity Name GWENEE, INC.	
Principal Place of Business 732 NE 3RD ST POMPANO BCH FL 33060	Mailing Address 732 NE 3RD ST POMPANO BCH FL 33060



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 71 SE 4th Avenue		Suite, Apt. #, etc. 71 SE 4th Avenue	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33441	Country USA	Zip 33441	Country USA

4. FEI Number 59-2616354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHESHIRE, WOODROW W 732 NE THIRD ST POMPANO BEACH FL 33060	
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7. Name and Address of New Registered Agent	
Name Gwen C Collier	
Street Address (P.O. Box Number is Not Acceptable) 71 SE 4th Avenue	
City Deerfield Beach	FL Zip Code 33441

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: Gwen C Collier Gwen C Collier April 11, 2005
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME CHESHIRE, ANGIE M.	
STREET ADDRESS 732 N.E. 3 STREET	
CITY-ST-ZIP POMPANO BCH. FL	
TITLE VST	<input type="checkbox"/> Delete
NAME CHESHIRE, W.W.	
STREET ADDRESS 732 N.E. 3 STREET	
CITY-ST-ZIP POMPANO BCH. FL	
TITLE AST	<input type="checkbox"/> Delete
NAME COLLIER, GWEN C.	
STREET ADDRESS 71 S.E. FOURTH AVENUE	
CITY-ST-ZIP DEERFIELD BCH. FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gwen C Collier	
STREET ADDRESS 71 SE 4th Avenue	
CITY-ST-ZIP Deerfield Beach, FL 33441	
TITLE VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gwen C Collier	
STREET ADDRESS 71 SE 4th Avenue	
CITY-ST-ZIP Deerfield Beach, FL 33441	
TITLE AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ronald J. Gironda	
STREET ADDRESS 19270 Wood Sage Drive	
CITY-ST-ZIP Tampa, FL 33647	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gwen C Collier Gwen C Collier April 11, 2005 954 427-2048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #