

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000091359

1. Entity Name
W & W SUPPLY COMPANY OF FLORIDA, INC.



Principal Place of Business
208 SW 5TH AVENUE
OKEECHOBEE, FL 34974

Mailing Address
208 SW 5TH AVENUE
OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1144310 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WALKER, EMORY
208 SW 5TH AVENUE
OKEECHOBEE, FL 34974

**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 reinstating)

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

000000381041
01/11/06-80038-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | P |
| NAME | WALKER, EMORY |
| STREET ADDRESS | 20820 NW 176TH AVENUE |
| CITY - ST - ZIP | OKEECHOBEE, FL 34972 |

| | |
|-----------------|----------------------|
| TITLE | V |
| NAME | WALKER, SCOTT |
| STREET ADDRESS | 2125 SW 1ST WAY |
| CITY - ST - ZIP | OKEECHOBEE, FL 34974 |

| | |
|-----------------|----------------------|
| TITLE | ST |
| NAME | WALKER, STEVE |
| STREET ADDRESS | 2411 SW 22ND CIRCLE |
| CITY - ST - ZIP | OKEECHOBEE, FL 34974 |

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| STREET ADDRESS | |
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| 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 empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 (863) 763-0650
Date Daytime Phone