


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90015 003 \*\*\*150.00

DOCUMENT # P01000110891		
1. Entity Name G.W.L. INDUSTRIES INC.		

40110126



Principal Place of Business <del>5165 NE 9TH ST</del> <del>OCALA, FL 34470</del>	Mailing Address <del>5165 NE 9TH ST</del> <del>OCALA, FL 34470</del>
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2. Principal Place of Business - No P.O. Box <b>3602 NE 8TH PL</b>	3. Mailing Address <b>3602 NE 8TH PL</b>
Suite, Apt. #, etc. <b>UNIT A + B</b>	Suite, Apt. #, etc. <b>UNIT A + B</b>
City & State <b>OCALA FLORIDA</b>	City & State <b>OCALA FLORIDA</b>
Zip <b>34470</b>	Zip <b>34470</b>
Country <b>USA</b>	Country <b>USA</b>

07072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3756350</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <del>SPAHN, RICHARD A</del> <del>3442 SE LAKE MEYER RD</del> <del>OCALA, FL 34471</del>	7. Name and Address of New Registered Agent  <b>12700 S.W. 117TH ST. RD.</b> <b>DUNNELLON, FLORIDA</b> <b>34432</b>
	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LITTELL, WILLIAM S III 5165 NE 9 STREET OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WILLIAM S. LITTELL III**  
**PRESIDENT**

07/10/08

352-694-2277

ATTACHMENT

40110126

**RICHARD A. SPAHN & ASSOCIATES, PA**

**ALL FLORIDA BOOKKEEPING SERVICES, INC**

**ACCOUNTING AND TAX CONSULTANTS**

**PROFESSIONAL BUILDING**

**12700 SW 112<sup>th</sup> STREET ROAD**

**DUNNELLON, FLORIDA**

**34432**

**PROFESSIONAL CENTER**

**11100 SW 93<sup>rd</sup> COURT ROAD**

**SUITE #10-402**

**OCALA, FLORIDA 34481**

**TO REACH US BY PHONE:**

**352-489-6553**

**954-680-8122**

**352-351-1216**

**BY FAX 352-489-1572**

**E-MAIL: dispahn@bellsouth.net**

**JULY 01, 2008**

**FLORIDA DEPARTMENT OF STATE:**

**DEAR MADAM/SIR:**

**RE: GWL INDUSTRIES, INC.**  
**DOC# P01000110891**

**IT HAS COME TO MY ATTENTION THAT THE ANNUAL REPORT  
FOR THE ABOVE IDENTIFIED CORPORATION HAS NOT BEEN RECEIVED  
BY YOUR OFFICE FOR 2008.**

**A CHANGE OF ADDRESS HAS BEEN NOTED ON THE ENCLOSED  
ANNUAL REPORT WHICH WILL CORRECT THIS PROBLEM FOR FUTURE MAILINGS.**

**OUR OFFICE HANDLES HUNDREDS OF THESE ANNUAL REPORTS  
AND THIS REPORT SLIPPED BY OUR INTERNAL REVIEW OF MAY 1st  
PAYMENTS.**

**PLEASE ACCEPT THE ENCLOSED CHECK OF \$150. AS BEING  
PAID TIMELY DUE TO THE CHANGES OF ADDRESSES.**

**YOUR CONSIDERATION IN THIS MATTER IS RESPECTFULLY  
APPRECIATED.**

**SINCERELY,**

