

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000037070

1. Entity Name  
W.W. EQUIPMENT CO.



Principal Place of Business  
16279 ORANGE BLVD.  
LOXAHATCHEE, FL 33470

Mailing Address  
16279 ORANGE BLVD.  
LOXAHATCHEE, FL 33470

FILED

05 SEP 26 AM 10:57

SECRET 50066877  
FALL 2005



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0587150 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, WILLIAM D  
16279 ORANGE BLVD.  
LOXAHATCHEE, FL 33470

**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

*William D. Ward Secretary*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-07-05

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WARD, WILLIAM D  
STREET ADDRESS 16279 ORANGE BLVD.  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VD  
NAME WARD, LORI M  
STREET ADDRESS 16279 ORANGE BLVD.  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE TD  
NAME WARD, PATSY L  
STREET ADDRESS 16279 ORANGE BLVD.  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE SD  
NAME WARD, WILLIAM J  
STREET ADDRESS 16279 ORANGE BLVD.  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300060087073  
09/29/05--01062--012 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*William D. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-05  
Date

561-6662-1936  
Daytime Phone #