## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P03000047457 1. Entity Name 02-01-2008 90027 010 \*\*\*150.00 GPW CONTRACTORS, INC. Principal Place of Business Mailing Address 40016067 33 LEMON TWIST LANE 33 LEMON TWIST LANE PORT ORANGE, FL 32119 PORT ORANGE, FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 419 N WILLOW AVE 419 N WILLOW AVE Suite, Apt. #, etc 01252008 Chg-P CR2E034 (12/06) Applied For City & State PORT ORANGE FL City & State 4. FEI Number PORT ORANGE FL 65-1187117 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32127 Fee Required 32127 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOJTKOWIAK, DANIEL Street Address (P.O. Box Number is Not Acceptable) 33 LEMON TWIST LANE PORT ORANGE, FL 32119 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete □ Change ■ Addition TITLE TITLE NAME WOJTKOWIAK, DANIEL NAME 33 LEMON TWIST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT ORANGE, FL 32119 Delete TITLE ☐ Change Addition TITLE NAME PARHAM, VICTOR L NAME STREET ADDRESS 419 N. WILLOW AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

386.760.6333

Date

FILED

Feb 01, 2008 8:00 am