

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00**  
**Secretary of State**

**DOCUMENT # P03000049362**

1. Entity Name

GW SAFETY AND HEALTH CONSULTANTS, INC.



Principal Place of Business

1812 DOCKSIDE DRIVE  
VALRICO, FL 33594

Mailing Address

1812 DOCKSIDE DRIVE  
VALRICO, FL 33594



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0517666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BUCK, GEORGE W  
1812 DOCKSIDE DRIVE  
VALRICO, FL 33594

**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

*George Buck*  
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

10. OFFICERS AND DIRECTORS

TITLE

PVST

NAME

BUCK, GEORGE W

STREET ADDRESS

1812 DOCKSIDE DRIVE

CITY-ST-ZIP

VALRICO, FL 33594

TITLE

D

NAME

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STREET ADDRESS

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VALRICO, FL 33594

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

110000555883  
05/16/06-80048-014 150.00

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:

*George Buck* GEORGE BUCK

4/27/06

813-624-7253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #