


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90024 023 ***150.00

DOCUMENT # P03000118004			
1. Entity Name GW INTERIOR CARPENTRY INC.			
Principal Place of Business 3030 NW 21 STREET OCALA FL 34475		Mailing Address 3030 NW 21 STREET OCALA FL 34475	
2. Principal Place of Business 3030 NW 21 STREET		3. Mailing Address 3030 NW 21 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34475	Country MARION	Zip 34475	Country MARION



MOORE CR2E034 (11/03)

4. FEI Number 90-0121091		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WELLAR, GARY W 3030 NW 21 STREET OCALA FL 34475		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLAR, GARY W 3030 NW 21 STREET OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2-12-04** **1352 3513468**
Signature, typed or printed name of signing officer or director Date Daytime Phone #