

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 025 ***150.00

DOCUMENT # P04000136635	
1. Entity Name GW FINANCIAL, INC.	



Principal Place of Business 10151 UNIVERSITY BLVD. #266 ORLANDO, FL 32817	Mailing Address 10151 UNIVERSITY BLVD. #266 ORLANDO, FL 32817
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20039376



2. Principal Place of Business 754 S. GOLDENROD RD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03132005 Chg-P CR2E034 (10/03)

City & State ORLANDO, FL	City & State
Zip 32822	Country USA

4. FEI Number 86-1116259	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, GREGORY L 10151 UNIVERSITY BLVD. #266 ORLANDO, FL 32817	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 251 MAITLAND AVE., SUITE 215 City ALTAMONTE SPRINGS FL Zip Code 32701
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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 *G. Wilson* DATE 4/18/2005
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *G. Wilson* DATE 4/18/2005 407-571-1242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR