

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139744

Entity Name: W GARY CORPORATION

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

1112 WESTON ROAD
SUITE 237
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1112 WESTON ROAD
SUITE 237
WESTON, FL 33326

New Mailing Address:

FEI Number: 03-0571586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, AUBREY
4359 LAUREL RIDGE CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

WILLIAMS, SHARON
4359 LAUREL RIDGE CIRCLE
WESTON, FL 33331 US

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.

SIGNATURE: SHARON WILLIAMS

09/05/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR-WILLIAMS, SHARON
Address: 4359 LAUREL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: WILLIAMS, WAYNE
Address: 4359 LAUREL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: VP (X) Delete
Name: TUCKER, AUBREY
Address: 4359 LAUREL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WILLIAMS

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date