## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2006 8:00 am Secretary of State DOCUMENT # P05000167125 1. Entity Name 03-16-2006 90244 018 \*\*\*150.00 # & W LAND COMPANY, INC. Principal Place of Business Mailing Address 1290 NW 8TH STREET 1290 NW 8TH STREET **BOCA RATON FL 33786 BOCA RATON FL 33786** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-3985966 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33486 33486 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAHNER, DAMIAN C Street Address (P.O. Box Number is Not Acceptable) 1700 SOUTH DIXIE HIGHWAY SUITE 103 **BOCA RATON FL 33432** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P.D TITLE D Delete TIF X Change Addition WAHNER, GLENDA M NAME STREET ADDRESS 1290 NW 8TH STREET STREET ADDRESS 33486 CITY-ST-ZIP **BOCA RATON FL 33786** CITY-ST-ZIP TITLE ☐ Delete X Addition MAME MAME WAHNER, DAMIAN C. STREET ADDRESS STREET ADDRESS 1700 SOUTH DIXIE HIGHWAY, SUITE 103 CITY-ST-ZIP CITY - ST- ZIP BOCA RATON, FL 33432 Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition 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 Section 119, Florida Statutes. Hurther 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.

FILED