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Jun 17, 2008 8:00 am
Secretary of State
05-01-2008 90190 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118065

1. Entity Name
G & W PROPERTY MANAGEMENT INC

Principal Place of Business	Mailing Address
6183 DOC WHITFIELD RD WEWAHITCHKA, FL 32465	P O BOX 5048 WEWAHITCHKA, FL 32465

66014313

04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5542688
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNIPES, GLEN M
6183 DOC WHITFIELD RD
WEWAHITCHKA, FL 32465

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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 GLEN M SNIPES PRESIDENT Glenn Snipes 6-14-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SNIPES, GLEN M
STREET ADDRESS	6183 DOC WHITFIELD RD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	VP
NAME	SNIPES, WILLIAM H
STREET ADDRESS	6183 DOC WHITFIELD RD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Glenn Snipes 6-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR Date Daytime Phone #