

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90033 031 \*\*\*150.00

DOCUMENT # P07000090973

1. Entity Name  
W. W. DEVELOPMENT GROUP, INC.



Principal Place of Business  
210 SUNSET BAY COURT  
PALM BEACH GARDENS, FL 33418

Mailing Address  
210 SUNSET BAY COURT  
PALM BEACH GARDENS, FL 33418

2. Principal Place of Business - No P.O. Box #  
12557 EQUINE LN  
Suite, Apt. #, etc.

3. Mailing Address  
12557 EQUINE LN  
Suite, Apt. #, etc.

City & State  
Wellington, FL  
Zip  
33414  
Country

City & State  
Wellington, FL  
Zip  
33414  
Country

02072008 Chg-P CR2E034 (12/06)

4. FEI Number  
04-3716864

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WELLER, GLENN  
210 SUNSET BAY COURT  
PALM BEACH GARDENS, FL 33418

## 7. Name and Address of New Registered Agent

Name  
Weller, Glenn R  
Street Address (P.O. Box Number is Not Acceptable)  
12557 EQUINE LN  
City  
Wellington FL Zip 33414

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/08

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WELLER, GLENN  
210 SUNSET BAY COURT  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WINFREE, WHIT  
1530 CYPRESS DRIVE, SUITE F  
JUPITER, FL 33469 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
12557 EQUINE LN  
Wellington, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **G. Weller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #