

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90007 041 \*\*\*150.00

**DOCUMENT # P24748**

1. Entity Name  
**GW SERVICES, INC.**



Principal Place of Business  
**2651 LA MIRDA DRIVE  
100  
VISTA, CA 92083 US**

Mailing Address  
**2651 LA MIRDA DRIVE  
100  
VISTA, CA 92083 US**

**44049760**



2. Principal Place of Business  
**2651 LA Mirada Drive  
Suite, Apt. #, etc.  
100**

3. Mailing Address  
**2651 LA Mirada Drive  
Suite, Apt. #, etc.  
100**

07092004 Chg-P CR2E034 (10/03)

City & State  
**VISTA, CA**  
Zip  
**92081** Country  
**US**

City & State  
**VISTA, CA**  
Zip  
**92081** Country  
**US**

4. FEI Number  
**95-3829620** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

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  
Due by September 8, 2004**

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MCINERNEY, BRIAN	
STREET ADDRESS	2651 LA MIRDA DRIVE STE 100	
CITY-ST-ZIP	VISTA, CA 92083	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	WALTERS, DAVID W	
STREET ADDRESS	2651 LA MIRDA DRIVE STE 100	
CITY-ST-ZIP	VISTA, CA 92083	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	MURPHY, STEVEN	
STREET ADDRESS	2651 LA MIRDA DRIVE STE 100	
CITY-ST-ZIP	VISTA, CA 92083	
TITLE	VPET	<input type="checkbox"/> Delete
NAME	NAKAGAWA, BRIAN	
STREET ADDRESS	2651 LA MIRDA DRIVE STE 100	
CITY-ST-ZIP	VISTA, CA 92083	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYNE, RICHARD A	
STREET ADDRESS	1800 AVENUE OF THE STARS #200	
CITY-ST-ZIP	LOS ANGELES, CA 90067	
TITLE	COB	<input type="checkbox"/> Delete
NAME	NORRIS, CHARLES	
STREET ADDRESS	481 DENSLOW AVENUE	
CITY-ST-ZIP	LOS ANGELES, CA 90049	

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

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINERNEY, BRIAN	
STREET ADDRESS	2651 LA Mirada Drive Ste 100	
CITY-ST-ZIP	VISTA, CA 92081	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, DAVID W	
STREET ADDRESS	2651 LA Mirada Drive Ste 100	
CITY-ST-ZIP	VISTA, CA 92081	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, STEVEN	
STREET ADDRESS	2651 LA Mirada Drive Ste 100	
CITY-ST-ZIP	VISTA, CA 92081	
TITLE	VPIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAGAWA, BRIAN	
STREET ADDRESS	2651 LA MIRADA Drive, Ste 100	
CITY-ST-ZIP	VISTA, CA 92081	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

*David Walters*

**W. DAVID WALTERS**

**7/19/04**

**(760)560-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #