

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90067 037 ***158.75

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1. Entity Name
W-5 CORPORATION



Principal Place of Business
**2380 S RIVER RD
MELBOURNE BEACH, FL 32951**

Mailing Address
**2380 S RIVER RD
MELBOURNE BEACH, FL 32951**

90000



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3242710	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMMEE, JOHN T
2380 S RIVER RD
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE
IN THIS SPACE**

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
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	DP
NAME	WILLIAMMEE, JOHN T
STREET ADDRESS	2380 S RIVER RD
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

TITLE	VD
NAME	WILLIAMMEE, NANCY V
STREET ADDRESS	2350 S RIVERA RD
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

TITLE	D
NAME	WILLIAMMEE, DAVID S
STREET ADDRESS	411 NIKOMAS WAY
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

TITLE	D
NAME	WILLIAMMEE, JOHN T IV
STREET ADDRESS	668 OGDEN ST
CITY-ST-ZIP	DENVER, CO 80218

TITLE	D
NAME	REES, BETSY W
STREET ADDRESS	2755 S BRAUN WAY
CITY-ST-ZIP	DENVER, CO 80228

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John T. Williammee **JOHN T. WILLIAMMEE** 1/11/08 321-724-8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #