


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 049 ***150.00

DOCUMENT # P93000037285					
1. Entity Name G.W.P., INC.					
Principal Place of Business 6753 GARDEN RD 109 RIVIERA BCH, FL 33404 US			Mailing Address 5224 W SR 46 PMB 405 SANFORD, FL 32771 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3183520	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURNEY, LANCE 4975 FAWN RIDGE PL SANFORD, FL 32771			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNEY, LANCE 4975 FAWN RIDGE PL SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNEY, LANCE 501 FAWN HILL PL SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, TRAVIS 8037 MOCCASIN TRAIL DR RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL TRAVIS 4525 MONICAN TRAIL VAL RICO, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNEY, LEE 2214 S LIVE OAK DR MONCKS CORNER, SC 29461		<div style="border: 1px solid black; height: 40px;"></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARK, CHRISTIE 1712 GREEN DOWNS DR RALEIGH, NC 27613		<div style="border: 1px solid black; height: 40px;"></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>		<div style="border: 1px solid black; height: 40px;"></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>		<div style="border: 1px solid black; height: 40px;"></div>		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/20/07 386-468-4773 Date Daytime Phone #		