2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000037285

1. Entity Name

G.W.P., INC.

Principal Place of Business	Mailing Address
6753 GARDEN RD	5224 W SR 46
109	PMB 405
RIVIERA BCH, FL 33404 US	SANFORD, FL 32771 US

DO NOT WRITE IN THIS SPACE

4ʊʊ1ʊ1ʊʊ
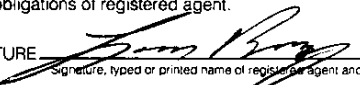
01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3183520		Not Applicable

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

6. Name and Address of Current Registered Agent

BURNEY, LANCE

~~4971 FAWNRIDGE PL~~ 501 FAWN Hill PL

SANFORD, FL 32771

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 _____   1/18/08

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	PD
NAME	BURNEY, LANCE
STREET ADDRESS	501 FAWN HILL PL
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	V
NAME	MITCHELL, TRAVIS
STREET ADDRESS	4525 MOHICAN TRAIL
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	T
NAME	BURNEY, LEE
STREET ADDRESS	2214 S LIVE OAK DR
CITY-ST-ZIP	MONCKS CORNER, SC 29461

TITLE	ST
NAME	PARK, CHRISTIE
STREET ADDRESS	1712 GREEN DOWNS DR
CITY-ST-ZIP	RALEIGH, NC 27613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ LANCE Burney 1/18/08 386-668-4773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #