


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000001018 * 1. Entity Name G.W.O., INC.	
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Principal Place of Business 8503 E ADAMO DR TAMPA, FL 33619 US	Mailing Address 8503 E ADAMO DR TAMPA, FL 33619 US
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3219391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OTTO, WAYNE 2215 GREENHILLS DR VALRICO, FL 33594
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent Signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000124461 04/22/04-80046-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OTTO, WAYNE D 501 S BRYAN CR BRANDON, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OTTO, GUY W 2215 GREENHILLS DR VALRICO, FL 33594
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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: <u>Wayne D Otto</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/19/04</u> <small>Date</small>	<u>813 6288717</u> <small>Daytime Phone #</small>
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