

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000020147

1. Entity Name
G.V.W. DEVELOPMENT CORPORATION



Principal Place of Business

29 COUNTRY CLUB
SHALIMAR, FL

32579

Mailing Address

29 COUNTRY CLUB
SHALIMAR, FL

32579

2. Principal Place of Business

3. Mailing Address

29 Country Club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SHALIMAR, FL

Zip

Country

USA

32579

Country

USA

09182006

REIN-P

CR2E098 (11/05)

4. FEI Number

59-3336759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENZEL, GLENN
29 COUNTRY CLUB
SHALIMAR, FL

32579

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

9/30/06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WENZEL, GLENN
STREET ADDRESS 29 COUNTRY CLUB
CITY - ST - ZIP SHALIMAR, FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300080462673
CITY - ST - ZIP 10/04/06--01039--006 **150.00

TITLE D ☐ Delete
NAME WENZEL, VALERIE
STREET ADDRESS 29 COUNTRY CLUB
CITY - ST - ZIP SHALIMAR, FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

Daytime Phone #

GLENN WENZEL

9/30/06 850-651-3137

FILED

2006 OCT -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

