2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000100431

1. Entity Name
WGW INC.

Principal Place of Business	Mailing Address
700 S HWY 27 CLERMONT, FL 34711 US	700 S HWY 27 CLERMONT, FL 34761

DO NOT WRITE IN THIS SPACE

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3421995	Not Applicable

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

---

6. Name and Address of Current Registered Agent

HOFFMAN, ROSE M
6430 CR 561
CLERMONT, FL 34711

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, ROSE M
STREET ADDRESS	6430 CR 561
CITY-ST-ZIP	CLERMONT, FL 34711

U00000290933
04/07/05-80009-017 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Rose M. Hoffman*   352-243-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Rose M. Hoffman