


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90054 039 ***150.00

DOCUMENT # P98000037915

1. Entity Name
GWW, INC.



Principal Place of Business
**5000 SE 183 AVE ROAD
OCKLAWAHA FL 32179**

Mailing Address
~~5000 SE 183 AVE ROAD~~
**1838 S. MAIN ST
DAYTON OH 45409**

DELETE THIS LINE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3506774**

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**WHITSON, GLEN R
5000 SE 183 AVE ROAD
LOT A-2
OCKLAWAHA FL 32179**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	WHITSON, GLEN R	
STREET ADDRESS	5000 SE 183 AVE RD LOT#M7	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITSON, MARY	
STREET ADDRESS	5000 SE 183 AVE RD #M7	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	WHITSON, CHARLES M	
STREET ADDRESS	1510 STATE STREET	
CITY-ST-ZIP	LAWRENCEVILLE IL 62439	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITSON, LINDA M	
STREET ADDRESS	1510 STATE STREET	
CITY-ST-ZIP	LAWRENCEVILLE IL 62439	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GREENWOOD, TED	
STREET ADDRESS	1838 SOUTH MAIN ST	
CITY-ST-ZIP	DAYTON OH 45409	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWOOD, GINA L	
STREET ADDRESS	1838 SOUTH MAIN S	
CITY-ST-ZIP	DAYTON OH 45409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ted Greenwood* **TED GREENWOOD** 1/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **937-228-4884**