


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000037915**

1. Entity Name  
**GWW, INC.**



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

Mailing Address  
**1838 S. MAIN ST  
 DAYTON, OH 45409**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-F CRZE034 (11/05)

4. FEI Number  
**59-3506774**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

U00000423147  
 02/17/06-80045-008 150.00

10. OFFICERS AND DIRECTORS

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

**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: *Ted A. Greenwood* **TED A. GREENWOOD** Pres 937-228-4884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #