

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90062 041 \*\*\*150.00

**DOCUMENT # P99000085919**

1. Entity Name

GROUP W INC.



Principal Place of Business

114 BOURNE LANE  
ROSEMARY BEACH FL 32461

Mailing Address

PO BOX 611548  
ROSEMARY BEACH FL 32461

2. Principal Place of Business

598 RICKER AVE.

3. Mailing Address

598 RICKER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

4. FEI Number

58-1950116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, KAREN M  
PO BOX 611548  
114 BOURNE LANE  
ROSEMARY BEACH FL 32461

7. Name and Address of New Registered Agent

Name **STEVEN WAGNER**

Street Address (P.O. Box Number is Not Acceptable)

598 RICKER AVE

City **SANTA ROSA BEACH**

**FL**

Zip Code  
**32459**

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**

**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 **P** ☐ Delete  
NAME **WAGNER, STEVEN D**  
STREET ADDRESS **114 BOURNE LANE**  
CITY-ST-ZIP **ROSEMARY BEACH FL 32461**

TITLE **S** ☐ Delete  
NAME **WAGNER, KAREN M**  
STREET ADDRESS **114 BOURNE LANE**  
CITY-ST-ZIP **ROSEMARY BEACH FL 32461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 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:

**STEVEN WAGNER**

**02.16.05**

**850 231 7495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #