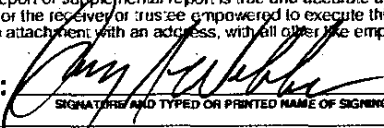


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90002 001 ***150.00

DOCUMENT # S59488 1. Entity Name G.C.W. ENTERPRISES, INC.					
Principal Place of Business 1149 NATURES HAMMOCK ROAD JACKSONVILLE, FL 32259 US			Mailing Address 1149 NATURES HAMMOCK ROAD JACKSONVILLE, FL 32259 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ODOM, LISA S 214 N CLAY ST JACKSONVILLE, FL 32202			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WEBBER, GARY G		NAME		
STREET ADDRESS	6593 POWERS AVE #12		STREET ADDRESS	1149 NATURES HAMMOCK RD	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	DVT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WEBBER, LINDA J		NAME		
STREET ADDRESS	6593 POWERS AVE #12		STREET ADDRESS	1149 NATURES HAMMOCK RD	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 I am empowered.					
SIGNATURE: 			1-7-04 904-287-5925		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		