

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 203719

1. Entity Name
LOUIS WOHL & SONS, INC.



Principal Place of Business
11101 N 46TH ST.
TAMPA, FL 33617 US

Mailing Address
11101 N 46TH ST.
TAMPA, FL 33617 US



DO NOT WRITE IN THIS SPACE

02162005 No Chrg- CR2E034 (10/03)

4. FEI Number
59-0806009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, WALTER L.
11101 N 46TH ST
TAMPA, FL 33617

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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	PE
NAME	SIMON, WALTER L
STREET ADDRESS	9230 SW 99TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SIMON, JEFFREY S
STREET ADDRESS	10718 CORY LAKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	SIMON, JEFFREY S
STREET ADDRESS	10718 CORY LAKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	SIMON, STEVAN S
STREET ADDRESS	37 SHORE DR N
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	V
NAME	PAVER, STEVE
STREET ADDRESS	17539 FAIRMEANDON DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/05-80007-021 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 813 985 8870
Date Daytime Phone