

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90310 021 ****70.00

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1. Entity Name
WELL DONE SERVANT INC.

Principal Place of Business
**3638 MANOR OAKS DRIVE
JACKSONVILLE, FL 32277**

Mailing Address
**3638 MANOR OAKS DRIVE
JACKSONVILLE, FL 32277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3640567

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOSNELL, WELDON H
3638 MANOR OAKS DRIVE
JACKSONVILLE, FL 32277**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GOSNELL, WELDON H**
STREET ADDRESS **3638 MANOR OAKS DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **ST** ☐ Delete
NAME **GOSNELL, BETTY**
STREET ADDRESS **3638 MANOR OAKS DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☐ Delete
NAME **GOSNELL, CRAIG W**
STREET ADDRESS **3638 MANOR OAKS DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☐ Delete
NAME **GOSNELL, MARK B**
STREET ADDRESS **416 BOTTESFORD DR**
CITY-ST-ZIP **KENNESAW, GA 30144**

TITLE **D** ☐ Delete
NAME **GOSNELL, MARK B**
STREET ADDRESS **5365 COUNTRY LANE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 **GOSNELL, MARK**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **GOSNELL, STEPHEN**
STREET ADDRESS **SAME**
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 617, 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: *Weldon H. Gosnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2004 904-7435619
Date Daytime Phone #