2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90002 003 ***150.00
P04000003407

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000003407

1. Entity Name
W.D.B. LATH, INC.

Principal Place of Business	Mailing Address
1827 3RD COURT SE WINTER HAVEN, FL 33880	1827 3RD COURT SE WINTER HAVEN, FL 33880

2. Principal Place of Business	3. Mailing Address
	10011 Moore Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lakeland Fl
Zip / Country	Zip: 33809 / Country

4. FEI Number: 56-2424853 ☐ 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
YOUNG, NEAL E 300 THIRD STREET N.W. WINTER HAVEN, FL 33880	Name: Scott Simonides Street Address (P.O. Box Number is Not Acceptable): 10011 Moore Road City: Lakeland FL Zip Code: 33809

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] DATE: 6/23/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~BEAN, EDGAR R JR~~ ~~1827 3RD COURT SE~~ ~~WINTER HAVEN, FL 33880~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONIDES, SCOTT B 442 YOLANDA CT LAKELAND, FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simonides, Scott 10011 Moore Rd Lakeland Fl 33809	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 6/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #