


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90091 032 \*\*\*150.00

<b>DOCUMENT # P99000041544</b>	
1. Entity Name WID'S PLACE, INC.	

Principal Place of Business 2852 SARNO ROAD MELBOURNE, FL 32935	Mailing Address 2808 S HARBOR CITY BLVD MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3578559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOHNE, KARL W JR.  
780 S. APOLLO BLVD., STE. 107  
MELBOURNE, FL 32901

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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:  ~~DELETE~~ <sup>WTB</sup> DATE: 4/24/06

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, WID
STREET ADDRESS	2852 SARNO ROAD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  WID T. BELL DATE: 4-24-06 DAYTIME PHONE: 321-255-9437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR