

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90188 007 ***150.00

DOCUMENT # 217838						
1. Entity Name THE WACKENHUT CORPORATION						
Principal Place of Business 4200 WACKENHUT DRIVE SUITE 102 PALM BEACH GARDENS, FL 33410-4243 US			Mailing Address 4200 WACKENHUT DRIVE SUITE 102 PALM BEACH GARDENS, FL 33410-4243 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-0857245		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
KILBRIDE, ROBERT I 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS, FL 33410-4243			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCOB	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WACKENHUT, RICHARD R		NAME	JEFFREY CAPPELETTI		
STREET ADDRESS	4200 WACKENHUT DRIVE, #100		STREET ADDRESS	4200 WACKENHUT DR.		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334104243		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	P, D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, GARY A		NAME			
STREET ADDRESS	4200 WACKENHUT DRIVE, #100		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334104243		CITY-ST-ZIP			
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	V.P., SEC, DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILBRIDE, ROBERT L		NAME			
STREET ADDRESS	4200 WACKENHUT DRIVE, #100		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334104243		CITY-ST-ZIP			
TITLE	VPAS	<input checked="" type="checkbox"/> Delete	TITLE	V.P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NUSBAUM, SANDRA L		NAME	IAN A. GREEN		
STREET ADDRESS	19121 NW 89 AVENUE		STREET ADDRESS	4200 WACKENHUT DR. #100		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNEIP, ROBERT C		NAME			
STREET ADDRESS	4200 WACKENHUT DRIVE, #100		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334104243		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.						
SIGNATURE: _____		IAN A GREEN		V.P., TAX		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		

