

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026008

FILED  
May 20, 2004  
Secretary of State

Entity Name: W T & F, INC.

## Current Principal Place of Business:

1335 BERRETT DRIVE  
SUITE 173  
LONGWOOD, FL 32750

## New Principal Place of Business:

1335 BENNETT DRIVE  
SUITE 173  
LONGWOOD, FL 32750

## Current Mailing Address:

1335 BERRETT DRIVE  
SUITE 173  
LONGWOOD, FL 32750

## New Mailing Address:

1335 BENNETT DRIVE  
SUITE 173  
LONGWOOD, FL 32750

FEI Number: 59-3572299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMLINSON, WINSTON M  
955 PRESCOTT BOULEVARD  
DELTONA, FL 32738

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TOMINSON, WINSTON M SR  
Address: 955 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete  
Name: TOMINSON, WINSTON M JR  
Address: 955 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete  
Name: HILMA, TOMINSON  
Address: 955 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete  
Name: TOMINSON, MARSHA  
Address: 955 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON TOMLINSON

PRES

05/20/2004

Electronic Signature of Signing Officer or Director

Date