

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000067234

**1. Entity Name
WAF-MESA, INC.**



**Principal Place of Business
P.O. BOX 1866
ORMOND BEACH, FL 32175 US**

**Mailing Address
P.O. BOX 1866
ORMOND BEACH, FL 32175 US**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3334485**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINK, WESLEY A
639 JOHN ANDERSON DR
ORMOND BEACH, FL 32176**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

**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

TITLE	D
NAME	FINK, WESLEY A
STREET ADDRESS	639 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VP
NAME	FINK, PATRICIA
STREET ADDRESS	639 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000000163417
07/07/04-80001-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-02-04-386-444
Date Daytime Phone