2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90013 039 ***150.00

DOCUMENT # 203719

1. Entity Name
LOUIS WOHL & SONS, INC.

Principal Place of Business	Mailing Address
11101 N 46TH ST. TAMPA, FL 33617 US	11101 N 46TH ST. TAMPA, FL 33617 US

01232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0806009 ☐ 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
SIMON, WALTER L. 11101 N 46TH ST TAMPA, FL 33617 11101	Name: SIMON, WALTER L. Street Address (P.O. Box Number is Not Acceptable): 11101 N 46TH ST City: TAMPA FL Zip Code: 33617

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 _____ 02/23/04
Signature(s) and printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMON, WALTER L 9230 SW 99TH ST MIAMI,, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, JEFFREY S 13220 S W 95 AVE MIAMI,, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, JEFFREY S 10715 CORY LAKE DRIVE TAMPA, FL 33647 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMON, JEFFREY S 13220 S W 95 AVE MIAMI,, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMON, JEFFREY S 10715 CORY LAKE DRIVE TAMPA, FL 33647 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, STEVAN S 37 SHORE DR N MIAMI, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAVER, STEVE 17539 FAIRMEANDON DR. TAMPA, FL	☐ 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

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: _____ WALTER SIMON 02/23/04 (305) 885-8651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #