2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203719

Address:

City-St-Zip:

17539 FAIRMEANDON DR.

TAMPA, FL

Entity Name: LOUIS WOHL & SONS, INC

FILED Apr 28, 2006 Secretary of State

| Than I have been worked a conto, into | | | | |
|---|--|---|--|--|
| Current Pr | incipal Place of Business: | New Principal Place of | New Principal Place of Business: | |
| 11101 N 46 TAMPA, FL | | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 11101 N 46TH ST. TAMPA, FL 33617 US | | | | |
| FEI Number: | 59-0806009 FEI Number Applied For () | FEI Number Not Applicable() | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| SIMON, WALTER L. 11101 N 46TH ST TAMPA, FL 33617 US | | SIMON, JEFFREY. 11101 N 46TH ST TAMPA, FL 33617 U | 11101 N 46TH ST | |
| The above in the State | named entity submits this statement for the purp of Florida. | oose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: JEFFREY SIMON | | | 04/28/2006 | |
| | Electronic Signature of Registered Agent | | Date | |
| Election Carr | npaign Financing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () Delete SIMON, WALTER L, 9230 SW 99TH ST MIAMI., FL | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete SIMON, JEFFREY S, 10718 CORY LAKE DRIVE TAMPA, FL 33647 | Title: D (λ Name: SIMON, JEFFF Address: 11101 N 46TH City-St-Zip: TAMPA, FL 33 | STREET | |
| Title: Name: Address: City-St-Zip: | S () Delete SIMON, JEFFREY S, 10718 CORY LAKE DRIVE TAMPA, FL 33647 | Title: S () Name: SIMON, JEFFI Address: 11101 N 46TH City-St-Zip: TAMPA, FL 33 | ST | |
| Title: Name: Address: City-St-Zip: | D () Delete SIMON, STEVAN S, 37 SHORE DR N MIAMI, FL 00000, | Name: PAVER, STEV | EADOW DRIVE | |
| Title: Name: | V (X) Delete PAVER, STEVE, | Title: (Name: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JEFFREY SIMON S 04/28/2006