

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90006 016 \*\*\*150.00

**DOCUMENT # 270499**

1. Entity Name  
**TAMPA THERMOGRAVERS, INC.**



Principal Place of Business  
**1506 W KENNEDY BLVD  
TAMPA, FL 33606 US**

Mailing Address  
**1506 W KENNEDY BLVD  
TAMPA, FL 33606 US**

34001000

2. Principal Place of Business  
**404 N. 28th Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**404 N. 28th Street**  
Suite, Apt. #, etc.



08032004 Chg-P CR2E034 (10/03)

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

4. FEI Number  
**59-1006523**

Applied For  
Not Applicable

Zip  
**33605**

Country  
**US**

Zip  
**33605**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**WEHLE, GERARD F.  
404 NORTH 28TH STREET  
TAMPA, FL 33605**

**7. Name and Address of New Registered Agent**

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

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 **VSD** ☐ Delete  
NAME **WEHLE, HENRY E.**  
STREET ADDRESS **6803 SPENCER CIR**  
CITY - ST - ZIP **TAMPA, FL 33610**

TITLE **PTD** ☐ Delete  
NAME **WEHLE, GERARD**  
STREET ADDRESS **404 N 28TH STREET**  
CITY - ST - ZIP **TAMPA, FL 33605**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Gerard F. Wehle* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5, 2004 813 248-1520  
Date Daytime Phone #