


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 307974		
1. Entity Name WEALTH MANAGEMENT SOLUTIONS, INC.		
Principal Place of Business 248 S NOKOMIS AVE P O BOX 1806 VENICE, FL 34284	Mailing Address 248 S NOKOMIS AVE P O BOX 1806 VENICE, FL 34284	



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1377061	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUGH JR, D GRADY 248 S NOKOMIS AVE VENICE, FL 33595

**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 _____ (NOTE: Registered Agent signature required when resigning) 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

U00000108630
04/12/04-80011-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH JR, D GRADY 248 S. NOKOMIS AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH, KAREN J 248 S. NOKOMIS AVE. VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUGH, III D. GRADY 248 S. NOKOMIS AVE. VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: D. Grady Hough III D. Grady Hough III 4/7/04 941-484-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #