


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90777 001 ***450.00

DOCUMENT # 315784 1. Entity Name THE WILDEBEEST CORPORATION			
Principal Place of Business 304 S.W. 12TH ST. FORT LAUDERDALE, FL 33315-1549 US		Mailing Address 304 S.W. 12TH ST. FORT LAUDERDALE, FL 33315-1549 US	
2. Principal Place of Business <i>206 Flagler Ave</i> Suite, Apt. #, etc.	3. Mailing Address <i>206 Flagler Ave</i> Suite, Apt. #, etc.	04282005 Chg-P CR2E034 (10/03) 4. FEI Number 59-1174495 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State <i>New Smyrna Beach FL</i>	City & State <i>New Smyrna Beach FL</i>		
Zip <i>32169</i> Country	Zip <i>32169</i> Country		
6. Name and Address of Current Registered Agent WOOD JR, GAYLORD A 304 S.W. 12TH ST. FORT LAUDERDALE FLA., FL 33315		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: <i>Gaylord A Wood</i> 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TPD WOOD JR, GAYLORD A 304 S.W. 12TH ST. FORT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACKWELL-WOOD, GARIE 304 S W 12TH STREET FT LAUDERDALE, FL 333151549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gaylord A Wood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-24-05 386-424-9908 <small>Date Daytime Phone #</small>	