

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 338372

1. Entity Name
WASMAR HOLDING CORP



FILED
Feb 09, 2005 08:00 AM
Secretary of State

Principal Place of Business
% R. DILLON
56 MARINE STREET
CITY ISLAND, NY 10464

Mailing Address
% R. DILLON
56 MARINE STREET
CITY ISLAND, NY 10464



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DILLON, MARY
1461 S OCEAN BLVD APT 212
POMPAHO BEACH, FL 33062

**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

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DILLON, MARY
STREET ADDRESS	1461 S OCEAN BLVD
CITY-ST-ZIP	POMPAHO BEACH, FL
TITLE	S
NAME	DILLON, RICHARD
STREET ADDRESS	56 MARINE STREET
CITY-ST-ZIP	CITY ISLAND, NY
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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02/09/05-80061-017 150.00

**DO NOT WRITE
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: Richard Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD DILLON

Feb 5/05 954 946 1106
Date Daytime Phone