

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90178 006 \*\*\*150.00

**DOCUMENT # 353054**

1. Entity Name  
**WADSETTER CORP**



Principal Place of Business  
**5 SHADOW LANE  
MAITLAND, FL 32751**

Mailing Address  
**P.O. BOX 1612  
WINTER PARK, FL 32790 US**

94069432



**DO NOT WRITE IN THIS SPACE**

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1303031</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**BANKS, LAWRENCE S  
2907 HARRISON AVE  
ORLANDO, FL 32804**

**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, 2004 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	BANKS, E.G.
STREET ADDRESS	5 SHADOW LANE
CITY-ST-ZIP	MAITLAND, FL
TITLE	VP
NAME	BANKS, LAWRENCE
STREET ADDRESS	2907 HARRISON AVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	Gerald F. Banks
STREET ADDRESS	2201 Gillis Ct
CITY-ST-ZIP	Maitland, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Lawrence S. Banks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04

Date

407-481-2057

Daytime Phone #