

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90002 014 \*\*\*558.75

**DOCUMENT # 370818**  
 1. Entity Name  
**WLT CONSTRUCTION CORP.**



Principal Place of Business 149 NE 5 AVENUE DEERFIELD BEACH, FL 33441	Mailing Address 149 NE 5 AVENUE DEERFIELD BEACH, FL 33441
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**DO NOT WRITE IN THIS SPACE**



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1319183	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

WILT, EUGENE T  
 149 NE 5 AVENUE  
 DEERFIELD BEACH, FL 33441

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WILT, EUGENE T. 149 NE 5 AVENUE DEERFIELD BEACH, FL 33441
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: Eugene T. Wilt Eugene T. Wilt 08-10-04 954427-0451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #