


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 376134 1. Entity Name WHS, INC.	
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Principal Place of Business 1135 MARIPOSA AVE. BARTOW, FL 33830	Mailing Address 1135 MARIPOSA AVE. BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1319513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STIDHAM, WOFFORD H 1135 MARIPOSA BARTOW, FL 33830

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U000000064145
02/23/04-80191-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIDHAM, WOFFORD H. 1135 MARIPOSA BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STIDHAM, WOFFORD H 1135 MARIPOSA BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV STIDHAM, JEFFERY W. 305 E LEMON ST BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIDHAM, JONATHAN 645 E CHURCH STREET BARTOW, FL
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/04 (863) 4533-9581
Date Daytime Phone