

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 390289

1. Entity Name

W.T. INC.



Principal Place of Business
714 CLEVELAND STREET
CLEARWATER FL 33755

Mailing Address
P.O. BOX 540
CLEARWATER FL 33757



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1364563

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRICKEL, LILLIAN E
714 CLEVELAND STREET
CLEARWATER FL 33755

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

Lillian E. Trickel

LILLIAN E. TRICKEL

2/21/06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME TRICKEL, LILLIAN E
STREET ADDRESS 714 CLEVELAND STREET
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 03/08/06-80053-004 150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Lillian E. Trickel

LILLIAN E. TRICKEL

(727) 446-20