

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 393330

1. Entity Name
WALSDORF SHEET & METAL WORKS, INC.



Principal Place of Business
**96 HIGHWAY 17-92 NORTH
HAINES CITY, FL 33844**

Mailing Address
**96 HIGHWAY 17-92 NORTH
HAINES CITY, FL 33844**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1372378

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

**WALSDORF, ROY
96 HIGHWAY 17-92 NORTH
HAINES CITY, FL 33844**

**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 file 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
WALSDORF, ROY
706 ALTA VISTA DRIVE
HAINES CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
HITTLE, LENONA
PO BOX 1693
HAINES CITY, FL 33845**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUNNAHOE, CHESTER
200 NORTH 16TH STREET
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000114735
04/15/04-80066-006 150.00

**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)(f), 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: Lenona Hittle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04 863-422-1244