

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90002 035 \*\*\*550.00

**DOCUMENT # 532463**

1. Entity Name

HARRY H. WENDELSTEDT, JR., INC.



Principal Place of Business

88 SOUTH ST. ANDREWS DRIVE  
ORMOND BEACH FL 32174

Mailing Address

88 SOUTH ST. ANDREWS DRIVE  
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1781573

Applied For

Not Applicable

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

WENDELSTEDT, HARRY H. JR.  
88 SOUTH ST. ANDREWS DRIVE  
ORMOND BEACH FL 32174

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WENDELSTEDT, H.H. JR.  
STREET ADDRESS 88 SOUTH ST. ANDREWS DR.  
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☒ Change ☐ Addition  
NAME D, V  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME WENDELSTEDT, HUNTER  
STREET ADDRESS 88 S ST ANDREW DR  
CITY-ST-ZIP ORMOND BCH FL

TITLE ☒ Change ☐ Addition  
NAME P, D  
STREET ADDRESS 3433 SO. ATLANTIC AVE. #1505  
CITY-ST-ZIP DAYTONA BEACH, FL. 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Hunter Wendelstedt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-04

Date

Daytime Phone #

54067716



MOORE

CR2E034 (11/03)