

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 637782**

1. Entity Name  
**WILMARC OF FLORIDA, INC.**



Principal Place of Business  
**1523 MALLARD CT  
TITUSVILLE, FL 32796**

Mailing Address  
**1523 MALLARD CT  
TITUSVILLE, FL 32796**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1951163**

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**

**VANENGELBURG, ELIJE  
1523 MALLARD CT  
TITUSVILLE, FL 32796**

**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 \_\_\_\_\_

**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          | P                      |
| NAME           | VAN ENGELBURG, WILLIAM |
| STREET ADDRESS | 1523 MALLARD CT        |
| CITY-ST-ZIP    | TITUSVILLE, FL 32796   |
| TITLE          | V                      |
| NAME           | VAN ENGELBURG, BILL    |
| STREET ADDRESS | 25302- 139TH PLACE SE  |
| CITY-ST-ZIP    | KENT, WA 98042         |
| TITLE          | ST                     |
| NAME           | VAN ENGELBURG, ELIJE   |
| STREET ADDRESS | 1523 MALLARD CT        |
| CITY-ST-ZIP    | TITUSVILLE, FL 32796   |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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02/13/04-80012-014 158.75

**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 filers empowered.

SIGNATURE: *Elie van Engelenburg* 02/05/04 321-267-9913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #