

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836418

Entity Name: W.F.R., INC.

FILED
Apr 08, 2004
Secretary of State

Current Principal Place of Business:

P. O. BOX 605
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 605
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 74-1088704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, STELLA R
5027 GREENBRIAR TRAIL
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, STELLA R
Address: 5027 GREENBRIAR TRAIL
City-St-Zip: MT. DORA, FL 32757

Title: EV () Delete
Name: TEN BRAAK, RENE'
Address: 784 WOODCRAFT DR.
City-St-Zip: APOKA, FL 32712

Title: V () Delete
Name: TEN BRAAK, INEZ
Address: 784 WOODCRAFT DR.
City-St-Zip: APOKA, FL 32712

Title: S () Delete
Name: MCCONNELL, WILLIAM S
Address: 1111 N WESTSHORE BLV 115
City-St-Zip: TAMPA, FL 33607

Title: C () Delete
Name: ROGERS, WILLARD F
Address: 5027 GREENBRIAR TRAIL
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EV (X) Change () Addition
Name: GRASSO, LETICIA R
Address: 142 MEADOWLARK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: V (X) Change () Addition
Name: GRASSO, PHILLIP D
Address: 142 MEADOWLARK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETICIA GRASSO

EV

04/08/2004

Electronic Signature of Signing Officer or Director

Date