


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004840 1. Entity Name WERRES SYSTEMS, INC.	
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Principal Place of Business 807 EAST SOUTH STREET FREDERICK, MD 21701	Mailing Address 807 EAST SOUTH STREET FREDERICK, MD 21701
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-0994340	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SENECAL, DANIEL F 807 EAST SOUTH STREET FREDERICK, FL 21701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VV SOUZA, PAUL A 807 EAST SOUTH STREET FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KUHN, JANET L 807 EAST SOUTH STREET FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KUHN, JANET L 807 EAST SOUTH STREET FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/19/05-80015-017 150.00

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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)(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: 	Date: 1/13/05	Daytime Phone #: 301-620-4600
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