

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F21317	
1. Entity Name WIMAUMA TRADING POST, INC.	

Principal Place of Business 203 AMESBURY CIRCLE SUN CITY CENTER, FL 33573	Mailing Address P.O. BOX 5435 SUN CITY CENTER, FL 33571
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2067444	Approved For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAPIN, LOUISE M. 203 AMESBURY CIRCLE SUN CITY CENTER, FL 33573
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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 of the registered agent or the filer	DATE _____ NOTE: Registered agent's signature required when transferring
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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 ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUISE, CHAPIN M 203 AMESBURY CIRCLE SUN CITY CENTER, FL 33573
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Louise M. Chapin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>April 5, 2005</i> DATE
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TELEPHONE 813 634 1661