

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F60799

1. Entity Name
WILSON & WESTERMAN, P.A.



08 DEC -8 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
215 VERNE ST., #A
P.O. BOX 709
TAMPA, FL 33601-0709

Mailing Address
215 VERNE ST., #A
P.O. BOX 709
TAMPA, FL 33601-0709

2. Principal Place of Business - No P.O. Box #

215 W. Verne St.

3. Mailing Address

Suite, Apt. #, etc.

C

12042008 Chg-P CR2E034 (12/06)

City & State

Tampa, FL

City & State

4. FEI Number
59-2148227

Applied For
Not Applicable

Zip

33601

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, RICHARD H.
215 VERNE ST., #A
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Marielle Westerman
Street Address (P.O. Box Number is Not Acceptable)
215 W. Verne St.
Ste. C
City
Tampa FL Zip Code
33606

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

12-4-08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RICHARD H 215 VERNE ST. SUITE A TAMPA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, S Marielle Westerman 215 W. Verne St., Ste. C Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-08

Date

813-253-2555

Daytime Phone #

12/9/08