

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 049 ***150.00

DOCUMENT # F89810

1. Entity Name
W & MS, INC.



Principal Place of Business

447 SHY 21 N
HAWTHORNE, FL 32602-7697

32640

Mailing Address

PO BOX 697
GAINESVILLE, FL 32602-7697

00000000



DO NOT WRITE IN THIS SPACE

02032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2199722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDavid, WILLIAM F.
4624 N.W. 6TH ST. 4711 NW 53RD AVE
GAINESVILLE, FL 32609 32606

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDD
NAME	SMITH, WAYNE
STREET ADDRESS	447 SHY 21 N
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	STD
NAME	SMITH, MILDRED F.
STREET ADDRESS	421 PARK AVENUE
CITY-ST-ZIP	LEWES, DE 19958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *M. J. Smith* M. F. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08

Date

302-645-0893

Daytime Phone #