

2004 FOR PROFIT CORPORATION ANNUAL REPORT

112

DOCUMENT # F93000004905

1. Entity Name
WEATHERFORD/MCDADE, LTD. CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 30 PM 4:47

Principal Place of Business
1662 LELIA DR
JACKSON, MS 39216

Mailing Address
1662 LELIA DR
JACKSON, MS 39216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08192004

Chg-P

CR2E034 (10/03)

4. FEI Number
64-0598929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WEATHERFORD, DWIGHT W
STREET ADDRESS 1662 LELIA DR
CITY-ST-ZIP JACKSON, MS

TITLE V ☐ Delete
NAME MCDADE, PHILLIP L
STREET ADDRESS 1662 LELIA DR
CITY-ST-ZIP JACKSON, MS

TITLE S ☐ Delete
NAME MCDADE, CORINNE L
STREET ADDRESS 227 MACKEY DR
CITY-ST-ZIP MADISON, MS

TITLE T ☐ Delete
NAME WEATHERFORD, LYNDIA W
STREET ADDRESS 169 WEBB LANE
CITY-ST-ZIP BRANDON, MS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100040735721
09/01/04--01060--003 **150.00

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 information.

SIGNATURE:

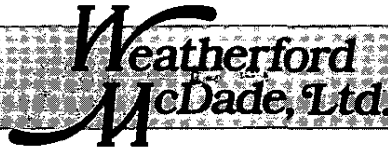
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG. 24, 2004

Date

Daytime Phone #

8/30/04



Planning Consultants • Landscape Architects

2/2

August 13, 2004

Florida Department of State
Uniform Business Report
Division of Corporations
P O Box 6198
Tallahassee, FL 32314-6198

Document #F93000004905

Dear Sir or Madam:

Enclosed herewith is our check for \$150.00, representing payment for filing fees for the above. We never received this report; however, we did receive the report from CT Corporation, Florida Representation, and paid that amount of \$215.00. We have just filed our Annual Report on line but did not submit payment at that time. Please consider acceptance of this amount and waive the late fees, as we did not receive this report this year.

Thank you.

Sincerely,

A handwritten signature in cursive script, reading 'Corinne McDade', written in black ink.

Corinne McDade
Bookkeeper