

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90116 026 \*\*\*550.00

**DOCUMENT # G94120**

1. Entity Name  
**WARBO ENTERPRISES, INC.**



Principal Place of Business

~~1400 LEE BLVD.~~  
~~LEHIGH ACRES, FL 33938~~ US

Mailing Address

PO BOX 610  
FT. MYERS, FL 33902 US

**54071896**



2. Principal Place of Business

**217 Wallace Avenue**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite A**

Suite, Apt. #, etc.

06152004

Chg-P

CR2E034 (10/03)

City & State

**Lehigh Acres, FL**

City & State

Zip  
**33971**

Country

Zip

Country

4. FEI Number

**59-2386214**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD W.  
2248 FIRST STREET  
FORT MYERS, FL 33901

**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 ~~OFF~~ ☐ Delete  
NAME **WARRINER, WAYNE**  
STREET ADDRESS **4451 DELEON STREET**  
CITY-ST-ZIP **FORT MYERS, FL**

TITLE ☒ Delete  
NAME **DVS**  
STREET ADDRESS **BOARTS, DAVID**  
CITY-ST-ZIP **107 GEORGIA AVE**  
**LEHIGH ACRES, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **DPST** ☒ 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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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Wayne Warriner **Wayne Warriner, President**

**8-25-04**

**239-369-5831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #