

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90013 001 ***158.75

DOCUMENT # J32413

1. Entity Name

WLT SOFTWARE OF FLORIDA, INC.



Principal Place of Business

831 N. HERCULES
CLEARWATER FL 34624

Mailing Address

831 N. HERCULES
CLEARWATER FL 34624
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2720594

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

TINER, WILLIAM L JR.
831 N. HERCULES AVENUE
SUITE D
CLEARWATER FL 34625

Name

THOMAS P BROOKS

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

831 N HERCULES AVENUE

City

CLEARWATER

FL

Zip Code

34695

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

T.P.D.

THOMAS P BROOKS

PRESIDENT

3-29-2004

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TINER, WILLIAM L., JR. ☒ Delete
STREET ADDRESS 2200 WINDSONG COURT
CITY-ST-ZIP SAFETY HARBOR FL

TITLE D
NAME TINER, ANN M ☒ Delete
STREET ADDRESS 2200 WINDSONG COURT
CITY-ST-ZIP SAFETY HARBOR 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 PD ☒ Change ☐ Addition
NAME THOMAS P BROOKS
STREET ADDRESS 1810 LEXINGTON PLACE
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE D ☒ Change ☐ Addition
NAME CHARLES W BROOKS
STREET ADDRESS 3350 MERMOOR #206
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE D ☒ Change ☐ Addition
NAME MICHELLE T VAUETTEN
STREET ADDRESS 2941 SHORE DRIVE APT A
CITY-ST-ZIP SAFETY HARBOR, FL 34695

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

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:

T.P.D.

THOMAS P BROOKS

3-29-2004

127.442-9296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #