

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K23736

1. Entity Name
WSB DEVELOPMENT CORPORATION



Principal Place of Business

C/O J W CREWS, JR
BOX 248
WAUCHULA, FL 33873

Mailing Address

C/O J W CREWS, JR
BOX 248
WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0287892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CREWS J W JR
106 E MAIN ST
WAUCHULA, FL 33873

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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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000105137

04/07/04-80012-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CREWS, J.W., JR.
STREET ADDRESS	106 E. MAIN ST.
CITY- ST- ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	HANCHEY, ROBERT E.
STREET ADDRESS	106 E. MAIN ST.
CITY- ST- ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/4/04

Date

803-773-4151

Days-to Phone #