


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K92729	
1. Entity Name WI-CO, INC.	

Principal Place of Business C/O JOHN H. WILLIAMS JR. 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428 US	Mailing Address C/O JOHN H. WILLIAMS JR. PO. BOX 381 CRYSTAL RIVER, FL 34423 US
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2951407

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, DINAH 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, LOUIS J. 1101 ROLLING WOODS LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80082-006 158.75

**DO NOT WRITE
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)(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: John H. Williams Jr. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 352-745-3212
Date Daytime Phone #