

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54546

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

**Entity Name:** WS FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2217 SMOKE TREE CT.  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

2217 SMOKETREE CT.  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

2217 SMOKE TREE CT.  
LONGWOOD, FL 32779 US

**New Mailing Address:**

2217 SMOKETREE CT.  
LONGWOOD, FL 32779 US

FEI Number: 59-2991660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHOLK, WILLIAM  
2217 SMOKETREE COURT  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHOLK, WILLIAM  
Address: 2217 SMOKE TREE CT.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHOLK, WILLIAM  
Address: 2217 SMOKETREE CT.  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SHOLK

PRES

03/23/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date