

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L93532

1. Entity Name
W.L.M., INC.



Principal Place of Business
P.O. BOX 1149
PALMETTO, FL 34220-1149

Mailing Address
P.O. BOX 1149
PALMETTO, FL 34220-1149



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0251270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEUKEMA, KENNETH
1263 12TH AVE E
PO BOX 1149
PALMETTO, FL 34220

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEUKEMA, KENNETH
STREET ADDRESS	1263 12TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	VPSD
NAME	MCWHORTER, JEFFREY
STREET ADDRESS	1263 12TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	VPD
NAME	HAAN, WILLIAM
STREET ADDRESS	1263 12TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	ASTD
NAME	ALAN J. VAN EERDEN
STREET ADDRESS	1263 12TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	VPD
NAME	BEUKEMA, MICHAEL
STREET ADDRESS	1263 12TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000426584
02/20/06-80050-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2-7-06

Date

941-723-1611

Daytime Phone #