## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # L93532

## **FILED** Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90193 013 \*\*\*150.00

1. Entity Name W.L.M., INC.				A STATE OF THE STA		
Principal Place of Business		Mailing Address		40082664		
P.O. BOX 1149 PALMETTO, FL 34220-1149		P.O. BOX 1149 PALMETTO, FL 34220-1149		· · · .		
Principal Place of Business - No P.O. Box #     3. Mailing Address						
2. Findipar Frace of Business - No F.O. Bux #		J. Maining Address				
Suite, Apt. #, etc.		Suite. Apt. #. etc.		04182007 Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0251270	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	d \$8.75 Additional	
ļ	6. Name and Address of Current	Registered Agent	<del></del>	7. Name and Address of Nev	Fee Required	
V. Hand and Hadress of Garrent Negratore Agent			Name	<del> </del>		
BEUKEMA, KENNETH 1263 12TH AVE E			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
PO BOX 1149 PALMETTO, FL 34220						
			City		FL Zip Code	
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution				65.00 May Be dded to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		Change Addition	
NAME	BEUKEMA, KENNETH		NAME			
STREET ADORESS CITY-ST-ZIP	1263 12TH AVE E PALMETTO, FL 34221		STREET ADDRESS CITY+ST-ZIP			
TITLE	VPSD	☐ Delete	TITLE	- · · · · · · · · · · · · · · · · · · ·	Change C Auditor	
NAME	MCWHORTER, JEFFREY	CT Delete	NAME		Change Addition	
STREET ADDRESS	1263 12TH AVE E		STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221		CHY ST-ZIP			
TITLE	VPD	☐ Delete	TrillE		☐ Change ☐ Addition	
NAME	HAAN, WILLIAM		NAME		,	
STREET ADDRESS	1263 12TH AVE E		STREET ADDRESS			
CITY-ST ZIP	PALMETTO, FL 34221		CITA 21-SIB			
Inte	ASTD	Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	ALAN J. VAN EERDEN		HAME CIRCLE CORNER			
CITY-ST-ZIP	1263 12TH AVE E PALMETTO, FL 34221		STREET ADDRESS CITY+ST+ZIP			
			<del></del>			
NAME	VPD BEUKEMA, MICHAEL	☐ Dølete	THLE NAME		Change Addition	
STREET ADDRESS	1263 12TH AVE E		STREET ADDRESS			
CITY - ST - ZIP	PALMETTO, FL 34221		CITY ST-ZIP			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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.

HILL

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

HILE

NAME

STREET ADDRESS

CITY - ST - ZIP

Oelete

☐ Change

Addition