

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # M92920

1. Entity Name
WHARFMASTER IMPORTS, INC.



Principal Place of Business
**1381 CLEARLAKE RD
COCOA, FL 32922 US**

Mailing Address
**1381 CLEARLAKE RD
COCOA, FL 32922 US**



02112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2906306	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

**EATON, CHARLES W
4245 KNOXVILLE AVE
COCOA, FL 32926**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000657017
03/14/07-80048-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	EATON, CHARLES W.
STREET ADDRESS	4245 KNOXVILLE AVE
CITY-ST-ZIP	COCOA, FL 32926

TITLE	
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CITY-ST-ZIP	

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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 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: *Charles W Eaton* **CHARLES W EATON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-636-9098
Date Daytime Phone #