

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M92974

1. Entity Name
DANIEL E. WETHERELL, INC.



64000484

Principal Place of Business
6310 SEBRING ST
SPRING HILL, FL 34607 US

Mailing Address
6310 SEBRING ST
SPRING HILL, FL 34607 US

2. Principal Place of Business
7199 CYCLOPS DR.
Suite, Apt. #, etc.

3. Mailing Address
7199 CYCLOPS DR.
Suite, Apt. #, etc.



01172004 Chg-P CR2E034 (10/03)

City & State
SPRING HILL
Zip
34607
Country
USA

City & State
SPRING HILL
Zip
34607
Country
USA

4. FEI Number
59-2909613
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WETHERELL, DANIEL E
6310 SEBRING ST
SPRING HILL, FL 34607

7. Name and Address of New Registered Agent

Name
DANIEL E. WETHERELL
Street Address (P.O. Box Number is Not Acceptable)
7199 CYCLOPS DR.
City
SPRING HILL FL Zip Code
34607

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: *D. E. Wetherell*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/18/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WETHERELL, DANIEL E 6310 SEBRING ST SPRING HILL, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WETHERELL, SHARON L 6310 SEBRING ST SPRING HILL, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WETHERELL, DANIEL E. 7199 CYCLOPS DR. SPRING HILL, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WETHERELL, SHARON L. 7199 CYCLOPS DR. SPRING HILL, FL. 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *D. E. Wetherell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/04 (352) 597-4282
Date Daytime Phone #