

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M94237

1. Entity Name
CAYMAN WENT, INC.



FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
29406 MULBERRY STREET
BIG PINE KEY, FL 33043 US

Mailing Address
29406 MULBERRY STREET
BIG PINE KEY, FL 33043 US



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0087316 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THRASHER, ANDREA
29406 MULBERRY STREET
BIG PINE KEY, FL 33043

**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, 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 PT
NAME THRASHER, ROGER A
STREET ADDRESS 29406 MULBERRY STREET
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE VPS
NAME THRASHER, ANDREA C
STREET ADDRESS 29406 MULBERRY STREET
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000140674
04/29/04-80171-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Andrea C Thrasher ANDREA C THRASHER

4.26.04 305-575-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #