

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90040 011 \*\*\*150.00

**DOCUMENT # P00000028762**

1. Entity Name  
**WIL-MAR LOGISTICS INC.**



Principal Place of Business  
**457 SW WEST VIRGINIA DR.  
PORT SAINT LUCIE, FL 34983**

Mailing Address  
**457 SW WEST VIRGINIA DR.  
PORT SAINT LUCIE, FL 34983**

**54015740**



2. Principal Place of Business  
**685 SW SAIL Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**685 SW SAIL Terrace**  
Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State  
**PORT ST LUCIE FL**  
Zip  
**34953** Country  
**USA**

City & State  
**PORT SAINT LUCIE FL**  
Zip  
**34953** Country  
**USA**

4. FEI Number  
**65-0993527** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MITCHEM, WILEY**  
**457 SW WEST VIRGINIA DR.**  
**PORT SAINT LUCIE, FL 34983**

**7. Name and Address of New Registered Agent**

Name  
**MITCHEM, WILEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**685 SW SAIL Terrace**  
City  
**PORT ST LUCIE FL** Zip Code  
**34953**

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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MITCHEM, WILEY**  
**457 SW WEST VIRGINIA DR.**  
**PORT SAINT LUCIE, FL 34983** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MITCHEM, MARTHA**  
**457 SW WEST VIRGINIA DR.**  
**PORT SAINT LUCIE, FL 34983** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**685 SW SAIL Terrace** ☒ Change ☐ Addition  
**PORT ST LUCIE FL 34953**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**685 SW SAIL Terrace** ☒ Change ☐ Addition  
**PORT ST LUCIE FL 34953**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Wiley Mitchem  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-5-04 772-874-0235  
Daytime Phone #