2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 8:00 am Secretary of State

DOCUMENT # P00000057920 1. Entity Name W.D. TANNER, INC.						02-09-200	4 90035	038 ***15	50.00	
Principal Plac	e of Business	Mailing Address				· ť				
555 SOUTH MISSOURI STREET LABELLE, FL 33935		PO BOX 1575 LABELLE, FL 33975			<i>3</i> ***					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062004	Chg-P	CR2E	034 (10/03)			
City & State		City & State			4. FEI Number 59-365				pplied For ot Applicable	
Zip	Country Zip Cou			ıtry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		- Name	7. Name and	Address of New	Registered	Agent		
TANNER, W.D.					reet Address (P.O. Box Number is Not Acceptable)					
LABELLE, FL 33935										
				City		1 = 1 - 61 d = 1	FL	Zip Cod	ie	
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										
5 579			,			7 1			-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11	
TITLE NAME	PST TANNER, W.D.	☐ Delete	TITLE] 1				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS 1/4	TANNER, DURUTHY L.					
CITY-ST-ZIP	LABELLE, FL 33935		CITY-	. 21-D1	SOUTH MISS					
TITLE		☐ Delete	TITLE		ELLE FLORIE	DA 33935	V	Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE			******	****	☐ Change	Addition	
NAME STREET ADDRESS	~ ~ ~		NAME	ET ADORESS						
CITY-ST-ZIP			•	ST-ZIP						
TITLE		☐ Delete	TITLE				,	☐ Change	Addition	
NAME Street address			NAME	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP					ı	
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	.* ;		1	T ADDRESS						
CITY-ST-ZIP		f 1 · 1	CITY-	ST-ZIP						
TITLE NAME		Delete	TITLE	ı		· · · · · · · · · · · · · · · · · · ·	- JE 64 - JA6	Change	Addition	
STREET ADDRESS			NAME STREE	T ADDRESS	et in j					
CITY-ST-ZIP	· ,		CITY-	ST-21P						
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: MINING WILL D Tannel Pas 2-5-04 239-250-3998 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da										