

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90003 009 ***158.75

DOCUMENT # P00000074453

1. Entity Name
WAHSAB, INC.



Principal Place of Business

6706 BENJAMIN RD.
SUITE 300
TAMPA, FL 33634

Mailing Address

6706 BENJAMIN RD.
SUITE 300
TAMPA, FL 33634

2. Principal Place of Business

6032 West Clifton St.

3. Mailing Address

6032 West Clifton St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33634

City & State

Tampa, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

07122004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3669672

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASHAW, ROBERT N
6032 W CLIFTON STREET
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert N. Bashaw

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12 July 04

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASHAW, ROBERT N ILES	
STREET ADDRESS	6032 W CLIFTON ST	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCCARTHY, CAROL	
STREET ADDRESS	6216 QUIET WATERS PLACE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASHAW, JOHN L	
STREET ADDRESS	6032 W CLIFTON STREET	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Robert N. Bashaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 July 04

Date

813 880 8911

Daytime Phone #