


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000083221

1. Entity Name
CLAUDIUS C WILD INC



Principal Place of Business Mailing Address

1905 OTTERS POND RD 1905 OTTERS POND RD
 FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3507587 Not Applicable

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

6. Name and Address of Current Registered Agent

WILD, CLAUDIUS C
 1905 OTTERS POND RD
 FRUITLAND PARK, FL 34731

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 _____ DATE _____
Signature is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting)

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	PD
NAME	WILD, CLAUDIUS C
STREET ADDRESS	1905 OTTERS POND ROAD
CITY - ST - ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/08/04-80030-019 150.00

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: Claudius C. Wild 3-28-2004 352-223-2953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #