

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

06-15-2004 90001 027 ***150.00

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1. Entity Name
R.W. WITTY INVESTMENTS OF FLORIDA, INC.



Principal Place of Business
PALM COAST 79 LAGARE
PALM COAST, FL 32137-1469

Mailing Address
79 LAGARE STREET
PALM COAST, FL 32137-1469

54057424



06092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3708512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
2825 NORTH OCEANSHORE BLVD
BEVERLY BEACH, FL

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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
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: PCEO
NAME: WITTY, ROBERT W
STREET ADDRESS: 79 LAGARE ST
CITY-ST-ZIP: PALM COAST, FL 32137

TITLE: COO
NAME: WITTY, SALLY V
STREET ADDRESS: 79 LAGARE ST
CITY-ST-ZIP: PALM COAST, FL 32137

TITLE:
NAME:
STREET ADDRESS:
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CITY-ST-ZIP:

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #