

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90001 003 ***150.00

DOCUMENT # P01000098488

1. Entity Name
D.W. LATHING INC



Principal Place of Business

**130 WEST RIVER ROAD
PALATKA, FL 32177**

Mailing Address

**PO BOX 335
BOSTWICK, FL 32007**

54057748



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3749065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WORGUM, JAMES D JR
130 WEST RIVER ROAD
PALATKA, FL 32177**

**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

Signature, typed or printed name of registered agent and date 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 **P**
NAME **WORGUM, JAMES D JR**
STREET ADDRESS **130 WEST RIVER**
CITY-ST-ZIP **BOSTWICK, FL 32007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 #