

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 028 ***150.00

DOCUMENT # P01000110403

1. Entity Name
WEST FLORIDA TROPHIES, INC.



Principal Place of Business

6457 HWY 90 W
MILTON, FL 32570

Mailing Address

N6457 HWY 90 W
MILTON, FL 32570

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEL Number
59-3757808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHIBBS, SUZANNE
105 E GREGORY SQUARE
PENSACOLA, FL 32501

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 VPST PRESIDENT
NAME PRICE, MARY G
STREET ADDRESS 8760 MACKEY GOVE DR 1406 Bell Creek Rd
CITY-ST-ZIP PENSACOLA, FL 32514 JAY, FL 32565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 #

MARY GUY PRICE MARY GUY PRICE 4-29-04 850-626-9152