

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000008915

1. Entity Name
WIG FIX INC.

FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business
928 NO MILLS AVE.
ORLANDO, FL 32803Mailing Address
928 NO MILLS AVE.
ORLANDO, FL 32803

04252005 No Chg-P CR2E034 (1C/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
01-0599899Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEDLEY, JOSEPH A JR.
1704 NEBRASKA ST.
ORLANDO, FL 32803**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

(NOTE: Registered Agent signature required when reinstating)

LATT

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	RIEDLEY, JOSEPH A JR
STREET ADDRESS	1704 NEBRASKA ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VS
NAME	FUGATE, MARTIN A
STREET ADDRESS	1704 NEBRASKA SR
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #