

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90274 028 ***150.00

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1. Entity Name

WARD MANAGEMENT CORP.

Principal Place of Business

**2303 LAZY RIVER LANE
FORT MYERS FL 33905**

Mailing Address

**2303 LAZY RIVER LANE
FORT MYERS FL 33905**

94062010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2301 LAZY RIVER LANE
Suite, Apt. #, etc.

3. Mailing Address

2301 LAZY RIVER LANE
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0614197

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, RICHARD T
2303 LAZY RIVER LANE
FORT MYERS FL 33905**

Name

Street Address (P.O. Box Number is Not Acceptable)

2301 LAZY RIVER LANE

City

FL

Zip Code

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

R. Thompson Ward - R. Thompson Ward

4/29/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME WARD, RICHARD T
STREET ADDRESS 2303 LAZY RIVER LANE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ Change ☐ Addition
NAME **2301 LAZY RIVER LANE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

R. Thompson Ward - R. Thompson Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #

(239) 936-5982