

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000035622

1. Entity Name
W.D. WOHLERT, INC.



Principal Place of Business
2885 FOREST RUN DRIVE
MELBOURNE, FL 32935

Mailing Address
2885 FOREST RUN DRIVE
MELBOURNE, FL 32935



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0577392

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

WOHLERT, WILLIAM D
2885 FOREST RUN DRIVE
MELBOURNE, FL 32935

**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**

U000000032807
02/05/04-80018-009 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOHLERT, WILLIAM D
STREET ADDRESS 2885 FOREST RUN DRIVE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VD
NAME WOHLERT, DEBRA E
STREET ADDRESS 2885 FOREST RUN DRIVE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE TD
NAME WOHLERT, MOLLY M
STREET ADDRESS 2885 FOREST RUN DRIVE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE SD
NAME WOHLERT, MEGAN E
STREET ADDRESS 2885 FOREST RUN DRIVE
CITY-ST-ZIP MELBOURNE, FL 32935

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: *William D. Wohler* William D. Wohler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04

DATE

(321) 543-5500

DAYTIME PHONE #