

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90001 005 ***150.00

DOCUMENT # P02000043844

1. Entity Name
STATE SEAL & CERTIFICATE OF WILLISTON, INC.



Principal Place of Business
**23 E NOBLE AVE
WILLISTON, FL 32696**

Mailing Address
**23 E NOBLE AVE
WILLISTON, FL 32696**

24076946



2. Principal Place of Business
23 E Noble Ave.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

05192004 Chg-P CR2E034 (10/03)

City & State
Williston FL

City & State

4. FEI Number
59-2247664

Applied For
Not Applicable

Zip
32696

Country
USA

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

**LANDON, CONSTANCE
23 EAST NOBLE AVE.
WILLISTON, FL 32696**

Name

Street Address (P.O. Box Numbers Not Acceptable)

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LANDON, C.A.
23 E. NOBLE AVE.
WILLISTON, FL 32696**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C.A. Landon

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LANDON, GERALD
23 E. NOBLE AVE.
WILLISTON, FL 32696**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gerald Landon

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LANDON, WENDY J
23 E. NOBLE AVE.
WILLISTON, FL 32696**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Wendy J. Landon

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

C.A. Landon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #