

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90491 016 \*\*\*150.00

**DOCUMENT # P02000083061**

1. Entity Name

**WB JENNINGS ENTERPRISES, INC.**



Principal Place of Business  
**53 SUMMERBROOK LANE  
SABTA ROSA BEACH FL 32459**

Mailing Address  
**5399 E CO HWY 30A  
PMB 248  
SEAGROVE BEACH FL 32459**

**66425075**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**27-0021050**

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

**JENNINGS, BRYAN  
53 SUMMER BREEZE LANE  
SANTA ROSA BEACH FL 32459**

Name

Street Address (P.O. Box Number is 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**

**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	P	<input type="checkbox"/> Delete
NAME	JENNINGS, WILLIAM B	
STREET ADDRESS	53 SUMMERBROOK LANE	
CITY-ST-ZIP	SABTA ROSA BEACH FL 32459	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, RICHARD J	
STREET ADDRESS	21623 POMPANO AVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENNINGS, JENNIFER R	
STREET ADDRESS	53 SUMMERBROOK LANE	
CITY-ST-ZIP	SABTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William B Jennings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William B Jennings*  
Date

*4/6/04*  
Daytime Phone #

*(888) 251-8559*  
Daytime Phone #