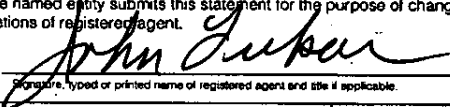


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-05-2004 90011 026 ***150.00

DOCUMENT # P02000116871					
1. Entity Name W.O. SERVICE COMPANY					
Principal Place of Business 3823 OWENS ROAD YULEE, FL 32097			Mailing Address 3823 OWENS ROAD YULEE, FL 32097		
2. Principal Place of Business 581705 White Oak Rd.		3. Mailing Address 581705 White Oak Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number APPLIED FOR 20-0029176	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent F&L CORP. 200 LAURA STREET NORTH JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name John Lukas Street Address (P.O. Box Number is Not Acceptable) 581705 White Oak Rd. City Yulee FL 32097		
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  DATE 2/17/04 (NOTE: Registered Agent signature required when reinstating)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKAS, JOHN 3823 OWENS ROAD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	581705 White Oak Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP FENDIG, WYNN 3823 OWENS ROAD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	581705 White Oak Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S THOMPSON, REBECCA 3823 OWENS ROAD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	581705 White Oak Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROPPER, STEVE 111TH WEST 50TH STREET, 40TH FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LUKAS, JOHN 3823 OWENS ROAD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	581705 White Oak Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T GALLACHER, THOMAS 3823 OWENS ROAD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	581705 White Oak Rd.	
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: 			Wynn Fendig 1-16-04 904-548-1033		