

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 010 ***150.00

DOCUMENT # P02000125350

1. Entity Name
W.I. PROPERTY MANAGEMENT COMPANY



Principal Place of Business
**5224 WEST SR 46
#320
SANFORD, FL 32771**

Mailing Address
**5224 WEST SR 46
#320
SANFORD, FL 32771**

50003091



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number **14-1857579**
NOT APPLICABLE

Applied For
Not Applicable

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

**COLPAERT, BRAD M
1742 CEDAR STONE COURT
LAKE MARY, FL 32746**

Name **BRAD COLPAERT**

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

5224 West SR 46 #320

City **SANFORD**

FL Zip Code **32771**

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

Brad Colpaert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15-JAN-05

**FILE NOW!!! FEE IS \$150.00
After May-1, 2005 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
**DPST
COLPAERT, BRAD M
1742 CEDAR STONE COURT
LAKE MARY, FL 32746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OWNER
BRAD COLPAERT
5224 WEST SR 46 #320
SANFORD FL 32771** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

Brad Colpaert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-JAN-05

Date

Daytime Phone #

407-625-0150