

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000000883

1. Entity Name
WPBD, INC.



FILED

04 FEB 27 PM 2:02

TALLAHASSEE, FLORIDA

Principal Place of Business
11290 OVERSEAS HIGHWAY
MARATHON, FL 33050

Mailing Address
11290 OVERSEAS HIGHWAY
MARATHON, FL 33050



2. Principal Place of Business
611 101st St. Ocean - 611-101st Street Ocean

3. Mailing Address
611-101st Street Ocean

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State
Marathon, FL

City & State
MARATHON, FL

4. FEI Number

03-0496525

Applied For

Not Applicable

Zip
33050

Country

Zip
33050

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

SCHUHMACHER, HALFORD G
10977 OVERSEAS HIGHWAY
MARATHON, FL 33050

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, WILLIAM S 11290 OVERSEAS HIGHWAY MARATHON, FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, WILLIAM M 11290 OVERSEAS HIGHWAY MARATHON, FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLBERT, PAMELA 11290 OVERSEAS HIGHWAY MARATHON, FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

000029937409
03/05/04-01012-025 ***150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04