## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 01, 2004 8:00 am Secretary of State

DOCUMENT # P03000057268  1. Entity Name WTHFTM, INC.					02-10-2004 90027 003 ***150.00			
	,iito.							
Principal Place	e of Business	Mailing Address			1			
3904 PINAR DR BRADENTON FL 34210		3904 PINAR DR BRADENTON FL 34210						
	Place of Business	3. Mailing Address		<u> </u>				
6394 Nockwood Ridged. Suite, Apr. #, etc.		Suite Apr. Merc.			MOORE CR2E034 (11/03)			
City & State		City & State			4. FEI Number 73-16 L	0058	<del></del>	ptied For
Sarase	Country	Zip	Country	· .	5. Certificate of Status Desired	□ \$8	.75 Addi	t Applicable itional
3424	6. Name and Address of Current R	Registered Agent			7. Name and Address of New	Fee	e Required ent	<u></u>
		Tagracu ou . g	-	Name .	- , ,			
	NSSON, PAULA 14 PINAR:DR:		- <b>-</b>	Street Address	(P.O. Box Number is Not Acceptab	ole)		
	ADENTON FL 34210		~  -		<u> </u>	<u></u>	·	<del>.</del>
,			F	City		FL	Zip Code	<del></del>
	named entity submits this statement for	r the purpose of changing it:	ts registered	office or registe	ered agent, or both, in the State of f	Florida. I am fam	iliar with,	and accept
SIGNATURE _	tions of registered agent.  Signature, typed or profied name of registered agent as	and takind annikcable. (NO	기본: Registered /	Agent signatura require	ert when reinstating)	DATE		
medali (ili ili ili ili ili ili	FILE NOW!!! FEE IS \$150.00	DO DOS II ADDRESSOR	IC, riegiam.	igana argentina				
After	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign F Trust Fund Contribut			May Be to Fees
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OF			
TITLE	DP PAUL A	☐ Delete	TITLE NAMÉ			Ļ	] Change	☐ Addition
NAME Street Address City-St-Zip	JONSSON, PAULA 3904 PINAR DR BRADENTON FL 34210			F ADORESS ST-ZIP				
TITLE	DV	☐ Delete	TITLE				Change	Addition
NAME	JONSSON, STEPHEN R		NAME					
STREET ADDRESS CITY-ST-ZIP	3904 PINAR DR BRADENTON FL 34210		STREET A	ADDRESS ST-ZIP				
TITLE	left of the leaves we have a second	☐ Delete	mu				Change	Additio
NAME STREET ADDRESS			- NAME			•	•	<del></del>
STREET ADDRESS CITY-ST-ZIP			STREET	T ADDRESS			<u> </u>	
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STREET ADORESS . CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP				
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name Street address			NAME STREET	T ADORESS				
CITY-ST-ZIP			CITY-5				-	
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NAME STREET ADDRESS	3		NAME STREET	T ADDRESS				
CITY-ST-ZIP			CITY-S					
indicated of the cor	certify that the information supplied with d on this report or supplemental report is progration or the receiver or trustee empor, d, or on an attachment with an address, v	s true and accurate and that owered to execute this repor	at my signatui ort as require	ire shall have the	ie same legal effect as if mage unge	er çaın; mat ı am	an onicer	r or director
•	$\Omega$	D Dancer	0. Na		2-4-04			
SIGNAT	SIGNATURE AND TYPED OR	PRINTED HANDS OF SIGNING OFFICE	ER OR DIRECTO	)A	Date	Daye	rne Phone #	