

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000057268**

1. Entity Name  
WTHFTM, INC.



Principal Place of Business  
6394 HOCKWOOD RIDGE RD.  
SARASOTA, FL 34243

Mailing Address  
3904 PINAR DR  
BRADENTON, FL 34210

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
73-1668058

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JONSSON, PAULA  
3904 PINAR DR  
BRADENTON, FL 34210

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

U00000210461  
02/02/05-80079-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	JONSSON, PAULA
STREET ADDRESS	3904 PINAR DR
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	DV
NAME	JONSSON, STEPHEN R
STREET ADDRESS	3904 PINAR DR
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*Paula Jonsson Pres.* 1/31/05 941-730-9888