

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90055 003 \*\*\*150.00

**DOCUMENT # P03000058465**

1. Entity Name  
**WILTSHIRE CUSTOM CABINETRY INC.**



Principal Place of Business

**5534 YAHL ST  
NAPLES, FL 34109**

Mailing Address

**5534 YAHL ST  
NAPLES, FL 34109**

50016848



**DO NOT WRITE IN THIS SPACE**

01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0026793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~MORRIS, LINDA~~  
~~3209 CARRIAGE CIR~~  
~~NAPLES, FL 34105~~

**SUSAN Weatherford**  
**2113 Imperial Golf Course**  
**Blvd**  
**Naples FL 34110**

**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]*

**SUSAN Weatherford**

**2/10/05**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME

**PD**  
**GUNN, ANDREW E**  
**3209 CARRIAGE CIR 125 Caribbean RD**  
**NAPLES, FL 34105 Naples FL 34108**

TITLE  
NAME

**V**  
**WEATHERFORD, SUSAN**  
**27681 HACIENDA BLVD 2113 Imperial Golf Course**  
**BONITA SPRING, FL 34135 Blvd Naples FL 34110**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(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]*

**SUSAN Weatherford**

**2-10-05**

**239-287  
2549**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #