

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000061130

1. Entity Name
W.D. SERVICES, INC.



Principal Place of Business
1518 VALLEY FORGE BLVD
SUN CITY CENTER, FL 33573

Mailing Address
1518 VALLEY FORGE BLVD
SUN CITY CENTER, FL 33573



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1596552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILDER, WALTER D
1518 VALLEY FORGE BLVD
SUN CITY CENTER, FL 33573

**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

Walter D Wilder

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

(NOTE: Registered Agent signature required when reinstating)

04/28/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
PVST
WILDER, WALTER D
1518 VALLEY FORGE BLVD
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID L. WILDER
1518 VALLEY FORGE BLVD
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID L. WILDER
1518 VALLEY FORGE BLVD
SUN CITY CENTER, FL 33573

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CITY-ST-ZIP

U00000946688
05/30/08-80059-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Walter D Wilder

WALTER D. WILDER

04/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #