


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90016 013 \*\*\*150.00

<b>DOCUMENT # P03000079523</b>	
1. Entity Name WJ ENTERPRISES OF CROSS CITY, INC.	

Principal Place of Business 428 W HIGHWAY 55A CROSS CITY, FL 32628	Mailing Address 428 W HIGHWAY 55A CROSS CITY, FL 32628
--	--

54066759



2. Principal Place of Business 2129 SE Hwy 55A Suite, Apt. #, etc.	3. Mailing Address 2129 SE Hwy 55A Suite, Apt. #, etc.
--	--

07122004 Chg-P CR2E034 (10/03)

City & State Old Town FL	City & State Old Town, FL	4. FEI Number 74-3119267	Applied For Not Applicable
Zip 32680	Country Dixie	Zip 32680	Country Dixie

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

6. Name and Address of Current Registered Agent LANDER, LINDSEY 109 BARBER AVENUE CROSS CITY, FL 32628		7. Name and Address of New Registered Agent Name: Wayne Hurst Street Address (P.O. Box Number is Not Acceptable): 2129 SE Hwy 55A City: Old Town FL Zip Code: 32680	
---	--	--	--

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:  DATE: 7-25-04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, WAYNE 428 W HIGHWAY 55A CROSS CITY, FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hurst Wayne 2129 SE Hwy 55A Old Town FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, JULIE L 428 W HIGHWAY 55A CROSS CITY, FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hurst, Julie 2129 SE Hwy 55A Old Town FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 7-25-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR