


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

| | |
|---|-------------------------------------|
| DOCUMENT # P03000083155 | |
| 1. Entity Name W.T.H. INVESTMENTS, INC. | |
|  | |
| Principal Place of Business. | Mailing Address |
| 1958 ROLLING GREEN CIR SARASOTA, FL 34240 | P.O. BOX 7551 SARASOTA, FL 34278 |
| DO NOT WRITE IN THIS SPACE | |



02072005 No Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 73-1676218 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent | DO NOT WRITE IN THIS SPACE |
| HANEY, RANDY S 1958 ROLLING GREEN CIR. SARASOTA, FL 34240 | |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY - ST - ZIP | P HAVEY, RANDY P.O. BOX 7551 SARASOTA, FL 34278 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP WILLIAMS, DONNA 7531 S. LEAWYNN DR. SARASOTA, FL 34240 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S THOMAS, DENISE 1962 ROLLING GREEN CIR. SARASOTA, FL 34240 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T HARRY, ROCHELLE P.O. BOX BOX 7551 SARASOTA, FL 34278 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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**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:

Randy S. Haney **RANDY S. HANEY** 2-16-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #