

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90067 001 ***150.00

DOCUMENT # P03000102517 1. Entity Name WILHERST GROUP, INC.					
Principal Place of Business 800 W PLATT STREET UNIT 2 TAMPA, FL 33606			Mailing Address 800 W PLATT STREET UNIT 2 TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 57-1186989			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <u>Mark K Rosenfeld</u> Street Address (P.O. Box Number is Not Acceptable) <u>800 W. Platt St., #2</u> City <u>Tampa</u> FL <u>33606</u>		
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 <u>Mark K Rosenfeld</u> <u>Mark K Rosenfeld</u> DATE <u>4-10-05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT COMEGYS, LAWRENCE S 800 W PLATT STREET UNIT 2 TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS ROSENFELD, MARK K 800 W PLATT STREET UNIT 2 TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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: <u>Mark K Rosenfeld</u> <u>Mark K Rosenfeld</u> <u>4-10-05</u> <u>813-250-1717</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicates Phone #					