2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000104984

Entity Name: WAFER EQUIPMENT AND SUPPLIES, INC.

Current Principal Place of Business:

153 CROWN AVE. NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100281
POALM BAY, FL 329100281

New Mailing Address:

P.O. BOX 100281
PALM BAY, FL 329100281

FEI Number: 20-0250638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FACEY, THOMAS R
153 CROWN AVE. NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FACEY, THOMAS R
Address: 153 CROWN AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: FACEY, MARY K
Address: 153 CROWN AVE. NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. FACEY D 04/27/2004
Electronic Signature of Signing Officer or Director Date