

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90085 026 ***158.75

DOCUMENT # P03000118521

1. Entity Name

CHARLES F. WENHOLD, INC.



Principal Place of Business

18 JUNIPER DRIVE
ORMOND BEACH FL 32178

Mailing Address

18 JUNIPER DRIVE
ORMOND BEACH FL 32178

2. Principal Place of Business

18 JUNIPER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

18 JUNIPER DRIVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ormond Bch. FL

City & State

Ormond Bch. FL

4. FEI Number

5711 91771

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

Country

32176

Volusia

Zip

Country

32176

Volusia

6. Name and Address of Current Registered Agent

WENHOLD, CHARLES F
18 JUNIPER DRIVE
ORMOND BEACH FL 32178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WENHOLD, CHARLES F	
STREET ADDRESS	18 JUNIPER DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32178	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WENHOLD, BARVARA A	
STREET ADDRESS	18 JUNIPER DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENHOLD, CHARLES F.	
STREET ADDRESS	18 JUNIPER DRIVE	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENHOLD, BARBARA ANN	
STREET ADDRESS	18 JUNIPER DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charles F. Wenholt, Pres. / CHARLES F. Wenholt Pres.

Date

Daytime Phone #

1/24/04 386 4413896