

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000143534

FILED
Oct 01, 2008
Secretary of State**Entity Name:** WMFT, INC.**Current Principal Place of Business:**2034 20TH AVE PKWY
INDIAN ROCKS BEACH, FL 33785**New Principal Place of Business:****Current Mailing Address:**2034 20TH AVE PKWY
INDIAN ROCKS BEACH, FL 33785**New Mailing Address:****FEI Number:** 20-0437404**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RIVERVIEW FINANCIAL & ACCTG SERVICES INC
7035 US HWY 301 SOUTH
RIVERVIEW, FL 33569 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**OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: DRAPAL, MICHAEL
Address: 2034 20TH AVE PKWY
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: D (X) Delete
Name: MCCANN, WILLIAM
Address: 1063 HONEYSUCKLE RD.
City-St-Zip: LARGO, FL 33770 US

Title: S () Delete
Name: COMBS, TERESA
Address: 2034 20TH AVE PKWY
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated in Chapter 119, 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: MICHAEL DRAPAL

D

10/01/2008

Electronic Signature of Signing Officer or Director_____
Date