

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90105 033 ***150.00

DOCUMENT # P04000011009

1. Entity Name

WILMAC CONCESSIONS, INC.



Principal Place of Business

**6850 FOREST HILL BLVD.
WEST PALM BEACH FL 33413**

Mailing Address

**6850 FOREST HILL BLVD.
WEST PALM BEACH FL 33413**

2. Principal Place of Business

4106 INLET CIR.

3. Mailing Address

4106 INLET CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB, FL

City & State

WPB, FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

20-2497800

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, AMY E
6850 FOREST HILL BLVD.
WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent

Name

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

4106 INLET CIR.

City **WPB**

FL

Zip Code **33463**

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, 2005 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	P	<input type="checkbox"/> Delete
NAME	WILSON, AMY E	
STREET ADDRESS	6850 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, AMY E	
STREET ADDRESS	6850 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	WILSON, AMY E	
STREET ADDRESS	6850 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TRE	<input type="checkbox"/> Delete
NAME	WILSON, AMY E	
STREET ADDRESS	6850 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4106 INLET CIR.	
CITY-ST-ZIP	W. PALM BEACH, FL 33463	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN I. WORRELL	
STREET ADDRESS	9827 8th AVE.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4106 INLET CIR	
CITY-ST-ZIP	W. PALM BEACH, FL 33463	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN I. WORRELL	
STREET ADDRESS	9827 8th AVE.	
CITY-ST-ZIP	ORLANDO, FL 32824	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #