

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000018155 1. Entity Name WOTEK INC.	
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Principal Place of Business 2352 SE BRECKENRIDGE CIRCLE PORT SAINT LUCIE, FL 34952 US	Mailing Address 2352 SE BRECKENRIDGE CIRCLE PORT SAINT LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0662802	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORRITSMA, ROBERTUS
2352 SE BRECKENRIDGE CIRCLE
PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORRITSMA, ROBERTUS 2352 SE BRECKENRIDGE CIRCLE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORRITSMA, BEATRIZ 2352 SE BRECKENRIDGE CIRCLE PORT SAINT LUCIE, FL 34952
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05/18/06-80020-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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 #