

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 036 ***150.00

DOCUMENT # P04000075680

1. Entity Name
WM HSS, INC



Principal Place of Business
**4903 VINCENNES STREET
 110
 CAPE CORAL FL 33904**

Mailing Address
**251 LAUREL STREET
 WEST BOYLSTON MA 01583**

2. Principal Place of Business
1510 SE 19TH LANE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
 Suite, Apt. #, etc.

Zip
33904

Country
USA



1st MOORE CR2E034 (10/04)

4. FEI Number
20-1097936

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALSTROM, WAYNE
 4903 VINCENNES STREET
 110
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
ALMSTROM, WAYNE

Street Address (P.O. Box Number is Not Acceptable)
1510 SE 19TH LANE

City
CAPE CORAL

State
FL

Zip Code
33904

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: *Wayne S Alstrom* **WAYNE S ALMSTROM** 03-17-05

(NOTE: Registered Agent signature required when reinstating)

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	ALSTROM, WAYNE	
STREET ADDRESS	225 SACKETT ROAD	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NOYES, ROBERT S	
STREET ADDRESS	10067 YEOMAN LANE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMSTROM, WAYNE	
STREET ADDRESS	251 LAUREL ST	
CITY-ST-ZIP	WEST BOYLSTON MA 01583	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOYES, PHILLIP	
STREET ADDRESS	1510 SE 19 TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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: *Wayne S Alstrom* **Wayne S Alstrom** 03-17-05 **508 450 8592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #