

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000026209

1. Entity Name

FERRETTI-WILT TEK-INTEL INC.



Principal Place of Business

LOUISE FERRETTI-WILT
5209 N BRANCH AVE
TAMPA FL 33603

Mailing Address

LOUISE FERRETTI-WILT
5209 N BRANCH AVE
TAMPA FL 33603



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

04-3848073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRETTI-WILT, LOUISE
5209 N BRANCH AVE
TAMPA FL 33603

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 the filer (if filer is not the registered agent).

(NOTE: Registered Agent signature required when removing agent)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FERRETTI-WILT, LOUISE
STREET ADDRESS 5209 N BRANCH AVE
CITY- ST- ZIP TAMPA FL 33603

TITLE ☐ Change ☐ Addition
NAME U00000837306
STREET ADDRESS 03/04/08-80052-005 150.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME WILT, ERIC
STREET ADDRESS 3608 BAY AVE
CITY- ST- ZIP TAMPA FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME WILT, MARK LEE
STREET ADDRESS 5209 N BRANCH AVE
CITY- ST- ZIP TAMPA FL 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME WILT, GLENN T
STREET ADDRESS 3801 HANOVER HILLS DR
CITY- ST- ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME WILT, KURT V
STREET ADDRESS PO BOX 1032
CITY- ST- ZIP SAN ANTONIO FL 33576

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

813-
2387351