


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09000074548	
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1. Entity Name
F3WSINC

Principal Place of Business
3301 HERMITAGE ROAD E.
JACKSONVILLE, FL 32277

Mailing Address
P O BOX 11929
JACKSONVILLE, FL 32239 US

12 MAY 23 AM 9:54



05072012 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box # 3301 Hermitage Rd E	3. Mailing Address PO Box 11929
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32217-97	Zip 32239-97
Country US	Country US

4. FEI Number
APPLIED FOR 45-490885

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

6. Name and Address of Current Registered Agent

FLETCHER, DEBRA A
3301 HERMITAGE ROAD E
JACKSONVILLE, FL 32277

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

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 WHEAT, JERALD E JR. P O BOX 11929 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WHEAT, LORRAINE A P O BOX 11929 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF WHEAT, DANIEL A P O BOX 11929 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FLETCHER, DEBRA A P O BOX 11929 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700235489627 05/23/12--01003--019 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Debra A Fletcher

DATE

E-MAIL ADDRESS

f3wsinc@bellsouth.net

MAY 24 2012