

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90239 026 ***150.00

DOCUMENT # P93000001023

1. Entity Name
W.F.T.R., INC.



Principal Place of Business
8211 W BROWARD BLVD
STE 420
PLANTATION, FL 33324 US

Mailing Address
8211 W BROWARD BLVD
STE 420
PLANTATION, FL 33324 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TUTT, DIANE
8211 W BROWARD BLVD
STE 420
PLANTATION, FL 33324

Name WINSTON, BRADLEY

Street Address (P.O. Box Number is Not Acceptable)
8211 W. BROWARD BLVD.

STE. 420

City PLANTATION

FL Zip Code 33324

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

4-18-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 VS ☒ Delete
NAME WINSTON, BRADLEY
STREET ADDRESS 8211 W BROWARD BLVD #420
CITY-ST-ZIP PLANTATION, FL 33324

TITLE VS ☒ Change ☐ Addition
NAME CLARK, ALEXANDER
STREET ADDRESS 8211 W BROWARD BLVD. #420
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE P ☒ Delete
NAME TUTT, DIANE
STREET ADDRESS 8211 W BROWARD BLVD #420
CITY-ST-ZIP PLANTATION, FL 33324

TITLE P ☒ Change ☐ Addition
NAME WINSTON, BRADLEY
STREET ADDRESS 8211 W. BROWARD BLVD. #420
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

4-18-05

954 475-9666