

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 036 ***150.00

DOCUMENT # P93000073889

1. Entity Name
W.T.T.L. INC.



Principal Place of Business
6546 E. CHANNEL DR.
HERNANDO, FL 34442

Mailing Address
6546 E. CHANNEL DR.
HERNANDO, FL 34442

4003000



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3204313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROWLAND, JOSEPH W
6546 E. CHANNEL DR.
HERNANDO, FL 34442

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROWLAND, JOSEPH W
STREET ADDRESS 6546 E. CHANNEL DR.
CITY-ST-ZIP HERNANDO, FL 34442

TITLE VPD
NAME ROWLAND, HOPE W
STREET ADDRESS 6546 E. CHANNEL DR.
CITY-ST-ZIP HERNANDO, FL 34442

TITLE STD
NAME DAHL, THOMAS
STREET ADDRESS 425 25TH ST N
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 352.726.4067