

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93900074837**

1. Entity Name  
**WESTLUND ENGINEERING, INC.**



Principal Place of Business  
**12400 44TH STREET NORTH  
CLEARWATER, FL 33762-115 US**

Mailing Address  
**12400 44TH STREET NORTH  
CLEARWATER, FL 33762-115 US**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3218089**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WRIGHT, PAUL O  
12400 44TH STREET N  
CLEARWATER, FL 33762**

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**UD00000124496  
04/22/04-80047-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	WRIGHT, PAUL O.
STREET ADDRESS	3116 ROXMERE DRIVE
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	VS
NAME	WESTLUND, RORY L.
STREET ADDRESS	12400 44TH ST. N.
CITY - ST - ZIP	CLEARWATER, FL 33762
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 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 #

*Paul O. Wright* **PAUL O. WRIGHT 4/20/04**