

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90050 001 ***150.00

DOCUMENT # P94000006059

1. Entity Name
WMB, INC.



Principal Place of Business
12918 N. NEBRASKA AVENUE
TAMPA, FL 33612 US

Mailing Address
PO BOX 1530
LUTZ, FL 33548 US

14000399



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3224151

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

BRITT, JAMES D
152 WHITAKER RD
LUTZ, FL 33549

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 \$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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME GORMON, JOHN D.
STREET ADDRESS 1649 LYNSFIELD
CITY-ST-ZIP LUTZ, FL 33549 ☐ Delete

TITLE PS
NAME GORMAN, JOHN D.
STREET ADDRESS 1649 LYNSFIELD
CITY-ST-ZIP LUTZ, FL 33549 ☒ Change ☐ Addition

TITLE VP
NAME BRITT, JAMES D
STREET ADDRESS 12805 WINNGAS CIRCLE
CITY-ST-ZIP SPRING HILL, FL 34610 ☐ Delete

TITLE VP
NAME BRITT, JAMES D.
STREET ADDRESS 2109 BAYSHORE BLVD PH 1
CITY-ST-ZIP TAMPA FL 33606 ☒ Change ☐ Addition

TITLE CFO
NAME SARABIA, GARY
STREET ADDRESS 1247 KAYAK CIRCLE
CITY-ST-ZIP LUTZ, FL 33559 ☐ Delete

TITLE CFO
NAME SARABIA, GARY
STREET ADDRESS 1247 KAYAK COVE
CITY-ST-ZIP LUTZ, FL 33559 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

James D. Britt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04
Date

813-948-8157
Daytime Phone #