


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000006059 1. Entity Name WMB, INC.	
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Principal Place of Business 12918 N. NEBRASKA AVENUE TAMPA, FL 33612 US	Mailing Address PO BOX 1530 LUTZ, FL 33548 US
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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3224151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRITT, JAMES D 152 WHITAKER RD LUTZ, FL 33549
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**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, 2005 Fee will be \$550.00**

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	PS GORMON, JOHN D. 1649 LYNSFIELD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRITT, JAMES D 2109 BAYSHORE BLVD PH1 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SARABIA, GARY 1247 KAYAK CIRCLE LUTZ, FL 33559
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.077(3)(f), 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: GARY SARABIA 2/10/05 (813) 948-8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #