


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90424 002 ***150.00

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| DOCUMENT # P95000034953 | | | |  | |
| 1. Entity Name MICHAEL R. WIEDMANN INDUSTRIES, INC. | | | | | |
| Principal Place of Business 1426 W PEACHTREE STREET COCOA, FL 32926 US | | | Mailing Address P.O. BOX 3703 COCOA, FL 32924 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3321317 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WIEDMANN, MICHAEL R 3425 GRAPE ST COCOA, FL 32926 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| WIEDMANN, MICHAEL R 3425 GRAPE ST COCOA, FL 32926 | | | | 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 _____ (NOTE: Registered Agent signature required when reconstituting) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME WIEDMANN, MICHAEL R STREET ADDRESS 3425 GRAPE ST CITY-ST-ZIP COCOA, FL 32926 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME REEVEY, ALFRED J III STREET ADDRESS 415 HARRISON AVENUE #1 CITY-ST-ZIP CAPE CANAVERAL, FL 32920 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME WINEBARGER, ALAN W STREET ADDRESS 404 SEAHORSE LANE CITY-ST-ZIP COCOA, FL 32927 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE N/A NAME N/A, N/A STREET ADDRESS N/A CITY-ST-ZIP N/A, NA N/A | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE N/A NAME N/A, N/A STREET ADDRESS N/A CITY-ST-ZIP N/A, NA N/A | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE N/A NAME N/A, N/A STREET ADDRESS N/A CITY-ST-ZIP N/A, NA N/A | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael R. Wiedmann</u> <u>President</u> <u>4/30/04</u> <u>(321) 631-1306</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |