2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000086355

WLM & ASSOCIATES, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7780 SW 117TH AVE

7780 SW 117TH AVE

S103 MIAMI, FL 33183

\$103 MIAMI, FL 33183 US



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0630152

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

9130 S. DADELAND BLVD #1609 MIAMI, FL 33156			IN THIS SPACE			
the obligati	ions of registered agent.				th, in the State of Florida. I am familiar with, and accep	ī
FIL	Signature, typed or printed name of registered agont and title E NOW!!!! FEE IS \$150.00 By 1, 2004 Fee will be \$550.00	S. Election Campaign Financing S. Election Campaign Financing Trust Fund Contribution. Added to Fees		\$5.00 May Be	U00000131870 04/27/04-80024-025 150.00	
10. IITLE NAME STREET ADDRESS CHY-ST-ZIP IITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT D MICKEY, WILLIAM L 7780 SW 117TH AVE - STE 103 MIAMI, FL 33183 D MICKEY, WILLIAM L JR 7780 SW 117TH AVE - STE 103 MIAMI, FL 33183	CTORS -		· comp = Naca.ve	93777. · · · · · · · · · · · · · · · · · ·	
RITES STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT WRITE THIS SPACE	
CATY-ST-ZAP						

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(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: _

STREET ADDRESS CITY+ST-ZIP TITLE MAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William