

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90033 020 ***558.75

DOCUMENT #		P96000009298		Secretary of State	
1. Entity Name		4WHAT, INC.		07-03-2003 90033 020 ***558.75	
Principal Place of Business		Mailing Address		Barcode	
501 GOODLETTE ROAD		PO BOX 327			
C208		STE-115			
NAPLES FL 34102		KENT CITY MI 49330			
US		US			
2. Principal Place of Business		3. Mailing Address		CHECK HERE IF MAKING CHANGES	
24017 Production Circle		P.O Box 327			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Bonita Springs, FL		Kent City, MI		65-0638732	
Zip		Zip		Applied For	
34135		49330		Not Applicable	
Country		Country		5. Certificate of Status Desired	
USA		USA		X	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		\$8.75 Additional Fee Required	
COSSETTA, JIM		Name			
8430 HOLLOW BROOKE CIRCLE		Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34119		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			9. Election Campaign Financing		
After May 1, 2003 Fee will be \$550.00			Trust Fund Contribution. <input type="checkbox"/>		
Make Check Payable to Florida Department of State			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSSETTA, JIM		NAME		
STREET ADDRESS	8430 HOLLOW BROOKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESCH, THOMAS J		NAME		
STREET ADDRESS	90 SPRING STREET		STREET ADDRESS		
CITY-ST-ZIP	KENT CITY MI 49330		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASTRO, WADE		NAME		
STREET ADDRESS	8451 HOLLOW BROOKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATWOOD, REID		NAME		
STREET ADDRESS	518 96TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENT, RICHARD J		NAME		
STREET ADDRESS	90 SPRING ST		STREET ADDRESS		
CITY-ST-ZIP	KENT CITY MI 49330		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODFELLOW, RANDALL E		NAME		
STREET ADDRESS	90 SPRING STREET		STREET ADDRESS		
CITY-ST-ZIP	KENT CITY MI 49330		CITY-ST-ZIP		

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: Ronald Hoofline **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/03 616-678-5775

CR2E034 (10/02)