


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90038 022 \*\*\*150.00

<b>DOCUMENT # P96000023407</b>	
1. Entity Name <b>WILRITE ENTERPRISES, INC.</b>	

Principal Place of Business <b>2935 NW 70 AVE MARGATE, FL 33063</b>	Mailing Address <b>2935 NW 70 AVE MARGATE, FL 33063</b>
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**94014179**

2. Principal Place of Business <b>22880 ROYAL CROWN TERR</b>	3. Mailing Address <b>22880 ROYAL CROWN TERR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33433</b>	Country <b>PALM BEACH</b>
Zip <b>33433</b>	Country <b>PALM BEACH</b>



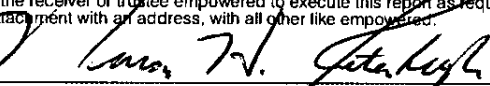
01132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>RITENBAUGH, WILLIAM H JR 2935 NW 70 AVE MARGATE, FL 33063</b>	
7. Name and Address of New Registered Agent Name <b>RITENBAUGH, WILLIAM H. JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>22880 ROYAL CROWN TERRACE</b> City <b>BOCA RATON</b> FL Zip Code <b>33433</b>	

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 	DATE <b>2/1/04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RITENBAUGH, WILLIAM H JR 2935 NW 70 AVE MARGATE, FL 33063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	DATE <b>2/1/04</b> DAYTIME PHONE # <b>561-218-6239</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	