

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000030191

1. Entity Name
WBDK ENTERPRISES, INC.



Principal Place of Business
**1062 41ST AVE NE
ST. PETERSBURG, FL 33703 US**

Mailing Address
**1062 41ST AVE NE
ST. PETERSBURG, FL 33703 US**



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3432463

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAMMOND, WILMA L
1062 41ST AVE. NE
ST. PETERSBURG, FL 33703**

**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
**D
CRAMMOND, WILMA L
1062 471ST AVE NE
ST. PETERSBURG, FL 33703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, DEBRA A
1062 471ST AVE NE
ST. PETERSBURG, FL 33703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARTINO, BENEDETTO A JR.
10012 VISTA POINTE DR.
TAMPA, FL 33635**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARTINO, KARENETTO S
10012 VISTA POINTE DR.
TAMPA, FL 33635**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MUTTER, HOLLY
1244 36TH AVE N
ST PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000321204
04/21/05-80069-014 150.00

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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 119.07(3)(j), 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: Wilma Crammond Wilma Crammond 4/19/05 727-823-3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #