

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90190 035 ***150.00

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1. Entity Name
W.F.T. AGENCY, INC.



Principal Place of Business

Mailing Address

~~11891 U.S. HIGHWAY ONE~~ *631 U.S. Hwy One*
~~SUITE 201~~ *Ste. 100*
NORTH PALM BEACH, FL 33408

~~11891 U.S. HIGHWAY ONE~~ *631 U.S. Hwy One*
~~SUITE 201~~ *Suite 100*
NORTH PALM BEACH, FL 33408



01252007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0687368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JAMES D ESQ.
~~11891 U.S. HIGHWAY ONE~~ *631 U.S. Hwy One*
~~SUITE 201~~ *Ste. 100*
NORTH PALM BEACH, FL 33408

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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, 2007 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
PVST
RYAN, JAMES D
~~11891 U.S. HIGHWAY ONE #201~~ *631 U.S. Hwy One*
NORTH PALM BEACH, FL 33408 *Ste 100*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #