

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000097676

1. Entity Name
WITZCO TRAILERS, INC.



Principal Place of Business
6101 S. MCINTOSH ROAD
SARASOTA, FL 34238

Mailing Address
6101 S. MCINTOSH ROAD
SARASOTA, FL 34238



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0713745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A
1432 FIRST STREET
SARASOTA, FL 34236

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000085942

03/12/04-80003-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WITZER, STEPHEN A
STREET ADDRESS	4129 HIGEL AVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	WITZER, MICHELLE D
STREET ADDRESS	4129 HIGEL AVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	VP
NAME	WITZER, SAMUEL
STREET ADDRESS	5137 HIGEL AV
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #