2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam WLDH PI	RODUCTIONS INC		05-03	-2004 90762 034 ***150.00
Principal Plac 4871 GLOVE MILTON, FL		Mailing Address 4871 GLOVER LN. MILTON, FL 32570 US		
C	O NOT WRITE 8. Name and Address of Current Re		04302004 No Chg	P CR2E034 (10/03) Applied For Not Applicable
PEACOCK, WILLIAM L 11555 DUELING OAKS COURT PENSACOLA, FL 32514			DO NOT IN THIS	
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 protein name of registered agent and title if applicable. (NOTE: Registered Agent agents when reinstaing) DATE				
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 S. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DI			
TITLE	VPTD	. /		
NAME STREET ADDRESS CITY-ST-ZIP	EVERS, WILLIAM L 8023 GLENVIEW ROAD MILTON, FL 32583			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PEACOCK, WILLIAM 11555 DUELING OAK COURT PENSACOLA, FL 32514			
NAME STREET ACCRESS CITY-ST-ZIP			DO NOT	WRITE
NAME STREET ADDRESS CITY-ST-ZIP	٠.		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 regulired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				