

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90004 018 ***150.00

DOCUMENT # P97000078556

1. Entity Name

PWD, INC.



Principal Place of Business

391 FAIRWAY ISLES LANE
BRADENTON FL 34212

Mailing Address

391 FAIRWAY ISLES LANE
BRADENTON FL 34212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3468810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACHNER, DALE T
14810 RUE DE BAYONNE
~~6C~~
CLEARWATER FL 33762

Name **WACHNER, DALE T**

Street Address (P.O. Box Number is Not Acceptable)

391 FAIRWAY ISLES LN

City **BRADENTON**

FL

Zip Code
34212

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

Dale T. Wachner

1/22/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WACHNER, DALE T	
STREET ADDRESS	14810 RUE DE BAYONNE 6C	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WACHNER, TRENT	
STREET ADDRESS	4354 BELCARRA CT	
CITY-ST-ZIP	DUBLIN CA 94568	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, SARAH F	
STREET ADDRESS	14810 RUE DE BAYONNE 6C	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHNER, DALE T	
STREET ADDRESS	391 FAIRWAY ISLES LANE	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHNER, TRENT R.	
STREET ADDRESS	122 BARRILL DR	
CITY-ST-ZIP	FOLSOM, CA 95630	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHNER, SARAH F	
STREET ADDRESS	391 FAIRWAY ISLES LANE	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Dale T. Wachner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04

(727) 527-7889