

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049236

1. Entity Name  
WILLEX TECHNOLOGIES, INC.



Principal Place of Business  
1280 S FLORAL AVE  
BARTOW, FL 33830

Mailing Address  
P O BOX 1981  
BARTOW, FL 33831



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3523517

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BOSWELL, CLARENCE A III  
1280 S FLORAL AVE  
BARTOW, FL 33830

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WEINKAUF, WILLIAM T  
STREET ADDRESS 314 NE 2ND ST  
CITY-ST-ZIP FT MEADE, FL 33841

TITLE D  
NAME BOSWELL, CLARENCE A III  
STREET ADDRESS 1280 S FLORAL AVE  
CITY-ST-ZIP BARTOW, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

900036275609  
05/13/04--01077--012 \*\*\$50.00

**DO NOT WRITE  
IN THIS SPACE**

5/12  
VCM

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

863-533-7912

Daytime Phone #