

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90024 006 ***150.00

DOCUMENT # P98000081247

1. Entity Name
W&M MANAGEMENT, INC.



Principal Place of Business
C/O TIMOTHY M DECKERT PA
1850 FOREST HILL BLVD, STE 204 -A
WEST PALM BEACH, FL 33406

Mailing Address
C/O TIMOTHY M DECKERT PA
1850 FOREST HILL BLVD, STE 204 -A
WEST PALM BEACH, FL 33406

44016745



2. Principal Place of Business
1472 SW Hunnicutt Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 880278
Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State
Port St Lucie, FL

City & State
Port St Lucie, FL

Zip
34953

Country
USA

Zip
34988-6278

Country
USA

4. FEI Number
65-0866005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DECKERT, TIMOTHY M P.A.
C/O TIMOTHY M DECKERT, PA
1850 FOREST HILL BLVD, STE 204-A
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name
Warneka, Robert

Street Address (P.O. Box Number is Not Acceptable)
PO Box 880278

1472 SW Hunnicutt Ave

City
Port St Lucie FL

Zip Code
34988-0278

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 Robert Warneka 3-5-2004

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARNEKA, BOB	
STREET ADDRESS	8403 S.E. WOODMERE STREET	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	MURRILL, HUGH	
STREET ADDRESS	8695 PINE CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Warneka, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1472 SW Hunnicutt Ave	
STREET ADDRESS	Port St Lucie, FL 34953	
CITY-ST-ZIP	SDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Moody, Arthur	
NAME	4486 Gardenia Dr	
STREET ADDRESS	West Palm Beach, FL 33410	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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		
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: Robert Warneka Pres 3-5-2004 772-873-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #