2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000086449  1. Entity Name							Feb 27, 2004 08:00 AM Secretary of State
WFC ENGINEERING, INC.							
Principal Place 14918 KNOT TAMPA FL 3	TTY PINE P	Mailing Address 14918 KNOTTY PINE PLACE TAMPA FL 33625				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Pl	lace of Busin	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt #, etc.				MOORE CR2E034 (11/03)	
City & State	e	City	City & State			4. FEI Number 59-3536747 Applied For Not Applicable	
Zip				Zip Count		try	5. Certificate of Status Desired Security Securi
Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent
149	RTER, WII 18 KNOT 1PA FL 3	TY PINE PLACE		<del></del> .			P.O. Box Number is Not Acceptable)
						Crity	FL Zip Code
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 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 \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZEP		WILLIAM F OTTY PINE PLACE		☐ Delete		į	☐ Change ☐ Addition U00000068433 02/27/04-80041-005 150.00 _
TITLE NAME STREET ADDRESS CITY-ST-ZIP			**************************************	☐ Delote		3	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	☐ Delete	UTIT MAN BRTS	E	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		}	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delote		1	☐ Change ☐ Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	EET ADDRESS -ST-ZIP	☐ Change ☐ Addition
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 teport or supplemental eport 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, untrial other like empowered.							

**FILED** 

Date

Dayume Phone #