

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000103659

1. Entity Name
WFM & SONS, INC.



Principal Place of Business
625 LAGOON OAKS CIRCLE
PANAMA CITY BEACH, FL 32408 US

Mailing Address
625 LAGOON OAKS CIRCLE
PANAMA CITY BEACH, FL 32408 US



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3550889

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

KRAWCZYNSKI, JULIE
625 LAGOON OAKS CIR.
PANAMA CITY BEACH, FL 32408

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KRAWCZYNSKI, JAMES
STREET ADDRESS 625 LAGOON OAKS CIRCLE
CITY ST ZIP PANAMA CITY, FL 32408

TITLE TS
NAME KRAWCZYNSKI, JULIE
STREET ADDRESS 625 LAGOON OAKS CIRCLE
CITY ST ZIP PANAMA CITY, FL 32408

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01/24/05-80134-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Krawczynski
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

850-234-1981

Date

Daytime Phone #