2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P99000055448 03-11-2004 90014 030 ***150.00 W.L. PROPERTIES, INC. Principal Place of Business Mailing Address 94027871 333 THIRD AVE NORTH PO BOX 14517 ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3583080 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINNER, HAROLD J Street Address (P.O. Box Number is Not Acceptable) 333 THIRD AVE NORTH ST PETERSBURG, FL 33701 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Chance ■ Addition SAVAGE, NEIL W NAME NAME STREET ADDRESS 333 THIRD AVE NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33701 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME WINNER, HAROLD J NAME STREET ADDRESS 333 THIRD AVE NORTH + STREET ADDRESS CITY-ST-7IP ST PETERSBURG, FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BARDIN, CP NAME STREET ADDRESS 333 THIRD AVE: NORTH ---STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition FIGIEWSKI, JOHN FIGIEWSKI, HOHN NAME NAME STREET ADDRESS 333 THIRD AVE NORTH STREET ADDRESS SAINT PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 pace was 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 time ends. of the corporation or the changed, or on an attachi

Charles P. Barlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 11, 2004 8:00 am

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