

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # S00392

1. Entity Name
WILT'S PLACE, INC.



Principal Place of Business

**7777 GLADES ROAD
SUITE 310
BOCA RATON, FL 33434**

Mailing Address

**7777 GLADES ROAD
SUITE 310
BOCA RATON, FL 33434**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0207360	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHMIER, ROBERT J.
7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIER, ROBERT J. 7777 GLADES RD. #310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC AVERBOOK, CHARLES J. 7777 GLADES RD. #310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FEURRING, DOUGLAS 7777 GLADES RD. #310 BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Robert J. Schmier, Pres.

3/25/08

Date

Daytime Phone #

561-483-8400