


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 13, 2004 08:00 AM  
Secretary of State

DOCUMENT # S19066 1. Entity Name CHARLOTTE P. WILHELM & ASSOCIATES, INC.	
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Principal Place of Business 4040 WOODCOCK DR. 107 JACKSONVILLE, FL 32207 US	Mailing Address 4040 WOODCOCK DR. 107 JACKSONVILLE, FL 32207 US
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3040365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WILHELM, CHARLOTTE 4040 WOODCOCK DR STE 107 JACKSONVILLE, FL 32207
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILHELM, CHARLOTTE P. 7109 WALKIR RD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD WILHELM, DAVID S. 8429 DAMEN LA PORT RICHEY, FL 346686208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WILHELM, DAVID S 8429 DAMEN LA PORT RICHEY, FL 346686208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Charlotte P. Wilhelm Charlotte P. Wilhelm 1/12/04 904-398-2920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #