

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 8:00 am
Secretary of State

07-27-2004 90036 017 ***150.00

7/2

DOCUMENT # S44057

1. Entity Name
W.W.R.P. SALES, INC.



Principal Place of Business

**118 S. HOWARD AVE.
TAMPA, FL 33606**

Mailing Address

**118 S. HOWARD AVE.
TAMPA, FL 33606**

66431592



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3062522

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

**WALKER, HAROLD H., JR.
3907 W. KENNEDY BLVD.
TAMPA, FL 33609**

**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 reappointing)

DATE

**FILE NOW! FEE IS \$550.00
Due by September 8, 2004**

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	D PRIEST, RICHARD A. 1987 LYNNWOOD CT DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, HAROLD H., JR. 901 S. DELAWARE ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04 (813) 253-9977

Date

Daytime Phone #

Attachment
Doc. # S44057
66431592

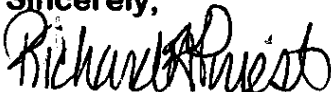
August 5, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

I would like to request that the \$400.00 late fee be waived for W.W.R.P. Sales, Inc. reference number S44057. The first notice of the report document was not received. The second notice the intent to dissolve the corporation was received. A check for the \$150.00 filing fee was sent upon receiving the notice.

Thank you for your understanding on this matter.

Sincerely,



Richard A. Priest



Attachment
664431592

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 29, 2004

W.W.R.P. SALES, INC.
118 S. HOWARD AVE.
TAMPA, FL 33606

Subject: **W.W.R.P. SALES, INC.**

Reference Number: **S44057**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg
ANNUAL REPORTS SECTION