

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91257 038 ***150.00

DOCUMENT # S99523

1. *Entity Name

WILYUMS INC.



Principal Place of Business

**17675 BOAT CLUB DR.
FORT MYERS FL 33908
US**

Mailing Address

**17675 BOAT CLUB DR.
FORT MYERS FL 33908
US**

2. Principal Place of Business

18090 N OLGA DR

Suite, Apt. #, etc.

3. Mailing Address

18090 N OLGA DR

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ALVA FL

City & State

ALVA FL

4. FEI Number

65-0298534

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JEFF

**17675 BOAT CLUB DR.
FORT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

18090 N OLGA DR

City

ALVA

FL

Zip Code

33920

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

Jeff Williams, Pres.
Signature, typed or printed name of registered agent and title if applicable.

JEFF WILLIAMS, PRES.
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILLIAMS, JEFF**
CITY-ST-ZIP **17675 BOAT CLUB DR.
FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition
NAME **18090 N. OLGA DR**
STREET ADDRESS **ALVA, FL 33920**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **WILLIAMS, JULIE**
CITY-ST-ZIP **17675 BOAT CLUB DR.
FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition
NAME **18090 N. OLGA DR**
STREET ADDRESS **ALVA, FL 33920**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 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:

Jeff Williams, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF WILLIAMS, PRESIDENT
4/30/04

Date

Daytime Phone #