


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # S99725 1. Entity Name WTX INDUSTRIES, INC.	
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Principal Place of Business 6224 31ST STREET E. BRADENTON, FL 34203 US	Mailing Address 2010 PINE TERRACE #A SARASOTA, FL 34231 US
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1221202	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 WINTERHALTER, THOMAS J. 2010 PINE TERRACE SARASOTA, FL 34231

**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 _____ (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	D WINTERHALTER, THOMAS J 4339 CRAWFORD AVE CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERHALTER, RUTHANNE C 4339 CRAWFORD AVE CINCINNATI, OH
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03/15/04-80047-018 150.00

**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:  3-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #