

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # V46560

1. Entity Name
W.A.S. MINE, INC.



Principal Place of Business
**1417 HOLLEMAN DR.
VALRICO, FL 33594-7146**

Mailing Address
**1417 HOLLEMAN DR.
VALRICO, FL 33594-7146**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3128457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CURRAN, NATALIE
1417 HOLLEMAN DR.
VALRICO, FL 33594-7146**

**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

000000615225

02/06/07-80063-006 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WALTER ANDREW
STREET ADDRESS	P.O. BOX 22
CITY-ST-ZIP	LAKELAND, FL 33802
TITLE	VPD
NAME	MCGINNIS, CECILIA S
STREET ADDRESS	1804 COLLINS LANE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	STD
NAME	CURRAN, NATALIE
STREET ADDRESS	1417 HOLLEMAN DR.
CITY-ST-ZIP	VALRICO, FL 33594
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 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

Date

Daytime Phone #

2/1/07