

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047040

Entity Name: WMC INCORPORATED

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

255 ATLANTIS CIRCLE
UNIT 302D
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

255 ATLANTIS CIRCLE
UNIT 302D
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-2582225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITLOCK, KEVIN S
255 ATLANTIS CIRCLE
UNIT 302D
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: WHITLOCK, KEVIN S
Address: 255 ATLANTIS CIRCLE UNIT 302D
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP,S () Delete
Name: WHITLOCK, JOYCE V
Address: 255 ATLANTIS CIRCLE UNIT 302D
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: HALE, BILLY W
Address: 424 S. DANCY STREET
City-St-Zip: HASTINGS, FL 32145 US

Title: D () Delete
Name: WATERS, BRIDGETT W
Address: 424 S. DANCY STREET
City-St-Zip: HASTINGS, FL 32145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALE, BILLY W
Address: 424 SOUTH DANCY STREET
City-St-Zip: HASTINGS, FL 32145

Title: VP (X) Change () Addition
Name: WHITLOCK, JOYCE V
Address: 255 ATLANTIS CIRCLE UNIT 302D
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST (X) Change () Addition
Name: WATERS, BRIDGETT W
Address: 424 SOUTH DANCY STREET
City-St-Zip: HASTINGS, FL 32145 US

Title: D (X) Change () Addition
Name: WHITLOCK, KEVIN S
Address: 255 ATLANTIS CIRCLE UNIT 302D
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY W. HALE

P

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date