

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90023 033 ***150.00

DOCUMENT # P98000011975

1. Entity Name

W.C.P., INC.



Principal Place of Business

850 PALM STREET, #D-8
MARCO ISLAND FL 34145

Mailing Address

850 PALM STREET, #D-8
MARCO ISLAND FL 34145

2. Principal Place of Business

810 Caxambas Drive

Suite, Apt. #, etc.

3. Mailing Address

810 Caxambas Drive

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

Zip
34145

Country

Collier

City & State

MARCO ISLAND FL

Zip
34145

Country

Collier

4. FEI Number

65-0311326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUSLER, GARY J
950 N COLLIER BLVD, STE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOENING, NORMAN H	
STREET ADDRESS	850 PALM STREET, #D-8	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOENING, LESLIE B	
STREET ADDRESS	850 PALM STREET, #D-8	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOENING, WILLIAM F	
STREET ADDRESS	850 PALM STREET, #D-8	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOENING, JASON T	
STREET ADDRESS	850 PALM STREET, #D-8	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	810 Caxambas Drive	
STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	810 Caxambas Drive	
STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	810 Caxambas Drive	
STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	810 Caxambas Drive	
STREET ADDRESS	MARCO ISLAND FL 34145	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norman Boening*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 (239) 642-1122

Date

Daytime Phone #