

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1082

<b>DOCUMENT # 310602</b> 1. Entity Name <b>W.B. HOLDING, INC.</b>			
Principal Place of Business <b>2337 BURNS AVE LAKE WALES, FL 33898-7968 US</b>		Mailing Address <b>P.O. BOX 204 PO BOX 204 LAKE WALES, FL 33859-0204 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 204</b>  Suite, Apt. #, etc.	
City & State  Zip		City & State <b>Lake Wales FL</b> Zip <b>33859-0204</b>	
Country		Country	
4. FEI Number <b>59-1153898</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TURNQUIST, LEE. W. 1130 LAKE SHORE BLVD LAKE WALES, FL 33853</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNQUIST, LEE W 1130 LAKE SHORE BLVD LAKE WALES, FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNQUIST, NANCY M 1130 LAKE SHORE BLVD LAKE WALES, FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lee W. Turnquist</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>8/03/07</b> <b>863676-8080</b> Daytime Phone <b>863-528-4879</b>	

FILED

07 AUG -8 AM 8:14

CLERK OF STATE  
TALLAHASSEE, FLORIDA



08022007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TURNQUIST, LEE W 1130 LAKE SHORE BLVD LAKE WALES, FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNQUIST, NANCY M 1130 LAKE SHORE BLVD LAKE WALES, FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/08/07 80033 003 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lee W. Turnquist*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/03/07** **863676-8080**  
 Daytime Phone **863-528-4879**

Page 2 of 2

W B Holding, Inc  
PO Box 204  
Lake Wales FL 33859-0204  
O: 863-676-8000  
C: 863-528-4879  
F: 863-678-9741

August 3, 2007

FL Department of State  
Division of Corporations  
Attn: Kathy Ashton  
PO Box 6327  
Tallahassee FL 32302-1500

RE: Document 310602 notice to dissolve for W B Holding, Inc

Dear Sirs,

Please find enclosed our downloaded form for our annual report. Also find enclosed a photo copy of our W B Holding, Inc check for \$150 dated 1-29-07. It is my understanding that the check was credited to our Whirly Birds, Inc account. If you would please transfer this \$150 to W B Holding, Inc (document 310602) I would appreciate it.

I want to thank you, Kathy, for following up on this and finding our solution.

Sincerely,

  
Nancy M Turquist

PS. For your information, we did not receive any notice from the Department of State that we had not filed our annual report in the proper manor. We originally thought we had filed in January and the matter taken care of. The notice to dissolve was our first indication we had a problem with our filing.

Post-It® Fax Note	7671	Date	8-08-07	# of pages	1
To	Tina Carter	From	Nancy M. Turquist		
Co./Dept.	FL DEPT OF STATE	Co	W B Holding Inc		
Phone #		Phone #	863-676-8000		
Fax #	850-245-6017	Fax #	863-678-9741		
			C: 863-528-4879		