

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 379127

1. Entity Name
WWCA, INC.



Principal Place of Business
4000-B ST JOHNS AVE.
SUITE 22
JACKSONVILLE, FL 32205

Mailing Address
4000-B ST JOHNS AVE.
SUITE 22
JACKSONVILLE, FL 32205

FILED

05 MAY -2 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1323005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALTON, W H JR
4000-B ST JOHNS AVE.
SUITE 22
JACKSONVILLE, FL 32205

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTON, W H JR
STREET ADDRESS	4000-B ST JOHNS AVE., SUITE 22
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	S
NAME	WEED, J D JR.
STREET ADDRESS	4000-B ST JOHNS AVE., SUITE 22
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	VT
NAME	WALTON, ALONZO DS
STREET ADDRESS	400- B ST. JAMES AVENUE, SUITE # 22
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	VS
NAME	WEED, JOSEPH D III
STREET ADDRESS	4000 B ST. JAMES AVENUE, SUITE 22
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

200054281472

05/11/05--01042--009 **150.00

05/15

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

904-388-2225

Daytime Phone #