


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90030 002 \*\*\*150.00

<b>DOCUMENT # 690418</b>	
1. Entity Name W.G.O., INC.	

Principal Place of Business 1512 S. OHIO AVE. LIVE OAK, FL 32060	Mailing Address 1512 S. OHIO AVE. LIVE OAK, FL 32060
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32064	Country
Zip 32064	Country

01062004 Chg-P CR2E034 (10/03)



4. FEI Number 59-2100416	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WATSON, JAMES B 1512 S. OHIO AVE. LIVE OAK, FL 32060	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code 32064

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WATSON, JAMES B
STREET ADDRESS	1512 S. OHIO AVE.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	HALE, MARK
STREET ADDRESS	1512 S. OHIO AVE.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	BECKHAM, MARTHA
STREET ADDRESS	1512 S. OHIO AVE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D <input type="checkbox"/> Delete
NAME	WATSON, TILLMAN L
STREET ADDRESS	1512 S. OHIO AVE.
CITY-ST-ZIP	LIVE OAK, FL 32060
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Tillman L. Watson TILLMAN L. WATSON 3-18-04 386 362-7066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #