2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003007

1. Entity Name
WSP FOODS, INCORPORATED
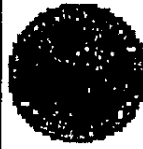
Principal Place of Business	Mailing Address
1766 EMERALD COVE CIRCLE CAPE CORAL, FL 33991	1766 EMERALD COVE CIRCLE CAPE CORAL, FL 33991

04202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
87-0520932	Not Applicable

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

6. Name and Address of Current Registered Agent

PAYNE, LUDEAN
1766 EMERALD COVE CIRCLE
CAPE CORAL, FL 33991

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U0000091642S 05/12/08-90027-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	PAYNE, LUDEAN
STREET ADDRESS	1766 EMERALD COVE CIRCLE
CITY-ST-ZIP	CAPE CORAL, FL 33991

TITLE	VDVS
NAME	PAYNE, LUDEAN
STREET ADDRESS	1766 EMERALD COVE CIRCLE
CITY-ST-ZIP	CAPE CORAL, FL 33991

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Lu Dean Payne_   4-20-08   239-848-0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #