2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90039 009 ***158.75

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1. Entity Name

WPC ENGINEERING, INC.

Principal Place of Business	Mailing Address
1017 CHUCK DAWLEY BLVD. MT. PLEASANT SC 29464	1017 CHUCK DAWLEY BLVD. MT. PLEASANT SC 29464

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1450 FIFTH STREET WEST	1450 FIFTH STREET WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH CHARLESTON, SC	City & State: NORTH CHARLESTON, SC
Zip: 29405 Country: CHARLESTON	Zip: 29405 Country: CHARLESTON

4. FEI Number: 57-0972424 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLF WPC INC. 3047-4 ST JOHNS BLUFF RD S JACKSONVILLE FL 32224	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, WILLIAM S III 2201 ROWLAND AVENUE SAVANNAH GA 31404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C JOHNSON III, JAMES H 1017 CHUCK DAWRY BLVD MOUNT PLEASANT SC 29464	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1450 FIFTH STREET NORTH CHARLESTON, SC 29405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIN, GUOMING 2201 ROWLAND AVENUE SAVANNAH GA 31404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPKA, DAVID S 10907 DOWNS ROAD PINEVILLE NC 28134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, WILLIAM B 1017 CHUCK DAWLEY BLVD. MT. PLEASANT SC 29464	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1450 FIFTH STREET WEST NORTH CHARLESTON, SC 29405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHRISTOPHER, WILLIAM R 1017 CHUCK DAWLEY BLVD. MT. PLEASANT SC 29464	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1450 FIFTH STREET WEST NORTH CHARLESTON, SC 29405	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 843-884-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #