

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90256 006 \*\*\*150.00

**DOCUMENT # F05000005570**

1. Entity Name  
**WCA OF FLORIDA, INC.**



Principal Place of Business  
**ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056**

Mailing Address  
**ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056**

400334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-3575415**

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

**CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303**

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

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, 2006 Fee will be \$550.00**

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  
**COB  
FATJO, TOM J JR.  
ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEE ATTACHMENT** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KRUSKA, JEROME M  
ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FATJO, TOM J III  
ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
MENDER, J. EDWARD  
ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MITCHELL, KEVIN D  
ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PAXTON, MICHAEL L  
ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Kevin Mitchell* **Kevin Mitchell**

**3-14-06**

**7132922400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

40039471

# FD5000005570

WCA OF FLORIDA, INC  
FLORIDA ANNUAL REPORT  
FOR PRIVILEGE PERIOD ENDING 12/31/2006

## ADDITIONAL OFFICERS AND DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Dir</u>
CHARLES A. CASALINOVA	ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056	VP	
DAVID C. EWELL	ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056	VP	
JOSEPH J. SCARANO	ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056	VP	