

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81238

Entity Name: W & R CHIPPING, INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

2892 BILL LEAVINS LANE  
PONCE DE LEON, FL 32455

## New Principal Place of Business:

## Current Mailing Address:

2892 BILL LEAVINS LANE  
PONCE DE LEON, FL 32455

## New Mailing Address:

FEI Number: 59-2366811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEAVINS, WILLIAM A  
2892 BILL LEAVINS LANE  
PONCE DE LEON, FL 32455 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LEAVINS, WILLIAM A  
Address: 2892 BILL LEAVINS LANE  
City-St-Zip: PONCE DE LEON, FL 32455

Title: DV ( ) Delete  
Name: LEAVINS, RAYMOND A  
Address: 2847 MAGNOLIA STREET  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D ( ) Delete  
Name: SCOTT, WILMA L  
Address: 1554 GOVERNMENT STREET  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D ( ) Delete  
Name: LEAVINS, RYAN A  
Address: 2892 BILL LEAVINS LANE  
City-St-Zip: PONCE DE LEON, FL 32455

Title: DS ( ) Delete  
Name: BROWN, WANDA LEAVINS  
Address: ROUTE 2 BOX 110M  
City-St-Zip: WESTVILLE, FL 32464

Title: DT ( ) Delete  
Name: LEAVINS, RUBY C  
Address: 2892 BILL LEAVINS LANE  
City-St-Zip: PONCE DE LEON, FL 32455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND LEAVINS

DV

04/20/2005

Electronic Signature of Signing Officer or Director

Date