

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90173 026 \*\*\*150.00

**DOCUMENT # G81471**

1. Entity Name  
**WNG ASSOCIATES, INC.**



Principal Place of Business  
**50 BEAL PKWY  
STE 2  
FT. WALTON BEACH, FL 32548**

Mailing Address  
**P.O. BOX 1539  
FT. WALTON BEACH, FL 32549 US**

**20055775**



04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2501323**

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

**GOURLEY, WARREN N.  
50 BEAL PARKWAY  
SUITE 2  
FT. WALTON BEACH, FL 32548**

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, 2005 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 **PD** ☐ Delete  
NAME **GOURLEY, WARREN N.**  
STREET ADDRESS **50 BEAL PARKWAY SW #2**  
CITY-ST-ZIP **FT WALTON BCH, FL**

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

TITLE **DVD** ☐ Delete  
NAME **GOURLEY, CRAIG**  
STREET ADDRESS **8605 CROSSWIND DR**  
CITY-ST-ZIP **FORT WORTH, TX**

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

TITLE **D** ☒ Delete  
NAME **GOURLEY, CRAIG N.**  
STREET ADDRESS **8605 CROSSWIND DR.**  
CITY-ST-ZIP **FT WORTH, TX**

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

TITLE **ST** ☐ Delete  
NAME **GOURLEY, JOANNA**  
STREET ADDRESS **50 BEAL PARKWAY SW 2**  
CITY-ST-ZIP **FORT WALTON BEACH, FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 it 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: Warren N. Gourley 29 April 05 FSC 243 1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #