


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # H40327 1. Entity Name WACASASSA INVESTMENT CORPORATION		
Principal Place of Business 255 COREY AVE P.O. BOX 67128 ST PETE BEACH, FL 33736	Mailing Address P.O. BOX 67128 ST PETERSBURG, FL 33736	



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2861898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SKIPPER, PAUL
255 COREY AVE
ST PETERSBURG BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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

U000000307864

04/15/05-80071-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKIPPER, PAUL J. 255 COREY AVE ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKIPPER, LYNN L. 255 COREY AVE ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRINGTON, ROBERT W. 255 COREY AVE ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, LINDA A. 255 COREY AVE ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Skipper

March 29, 2005

Date

Daytime Phone #