W.C.F. ENTERPRISES, INC. Instant functor Utilization Instant functor Utilization Box Points CT, Acadamia VA 2000 The down Points CT, Bulk CAURAR CA 2000 The down Points Points CT, Bulk CAURAR CA 2000 The down Points Point Point CT, Bulk CAURAR CA 2000 The down Points Point	PROFIT CORPORAT ANNUAL REI	ILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE RPORATION FLORIDA DEPARTMENT OF STATE UAL REPORT Secretary of State 1997 Division of Corporations							FILED Apr 16 1997 8:00am Secretary of State				
Number 2000 Date incorporated or Qualities Date incorporated or Qualities <thdate incorporated="" or="" qualit<="" th=""><th> Corporation Name </th><th></th><th></th><th>(4)</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></thdate>	 Corporation Name 			(4)									
United Place of Buserses 24 Maling Addess 0/19/18/1885 04/29/1986 Sub- Apt 4 it X 72 Buse Apt 4 at X 72 12 12 </th <th>Principal Place of Busine 1018 OAK POINTE CT. BLACKBURG VA 25060</th> <th>015S</th> <th></th> <th>1018 OAK POINTE CT. BLACKBURG VA 24080-</th> <th>9675</th> <th></th> <th></th> <th></th> <th>A TOBUDIA DATO DIFA HORAN ATOHA DINI DADI</th> <th>DIÐI DIFIFD</th> <th>IDEF QINEI BINII</th> <th>8(84) (88)</th>	Principal Place of Busine 1018 OAK POINTE CT. BLACKBURG VA 25060	015S		1018 OAK POINTE CT. BLACKBURG VA 24080-	9675				A TOBUDIA DATO DIFA HORAN ATOHA DINI DADI	DIÐI DIFIFD	IDEF QINEI BINII	8(84) (88)	
Theorem Falser of Barrersis 24. Malling Addices 4. FEI Normber Imputed to C State: Age 8, exc. 20. Application State: Sta								ſ	•			eport	
Stein April 4, if 4, if 5, if 5, if 5, if 6, if	1 '	siness		- 1 Š			****		4. FEI Number	J			
Chy & State Cry & State Election Campaign Financing State Zr Chy & State Image fund contribution State State Zr Churty State Image fund contribution State State Zr Churty State Image fund contribution State St	Suite, Apt. #, etc.			······································							\$8.75	Additional	
28 Tost Fund Country Address Addres Address Address	City & State		2	····						······			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name Address S		Count				ntru			Trust Fund Contribution		Added	to Fees	
POSTER, WILLIAM C. 1016 OAK PONTE CT. BLACKBURG VA 24060		25	2	9		,			Florida Statutes] Yes [No		
1018 OAK POINTE CT. BLACKBURG VA 24060 ist Street Address (P.O. Box Number is Not Acceptable) 41 Dry FL ist 42 Dry FL ist 43 Dry FL ist 44 Dry FL ist ist 44 Dry FL ist ist 44 Dry FL ist ist 45 Dry FL ist ist ist 45 Dry FL ist ist ist ist 46 Dry FL Dry FL ist ist<			ess of Current Re	gistered Agent	,	81	Name	······································	10. Name and Address of New Re	gistered /	Agent		
Image: State of the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or registered agent, or total with in the State of Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or registered agent, or total with in the State of Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or registered agent, or registered agent, or total with in the State of Florids Statutes. IRRAINER State or registered agent, or total with inferences of the oblight of the purpose of changing its registered agent to the purpose of changing its registered agent to the purpose of changing its registered agent, or registered agent, or total with and notes of the purpose of changing its registered agent, or registered agent, or total with and notes the purpose of changing its registered agent, or registered agent,	1018 OAK P	ointe ct.				82	Street A	ddress	s (P.O. Box Number is Not Acceptat	ile)			
Provide to the provide solutions 607 0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offers or registered and the attend solution of Solution of Social not Solutions of Social and Social and Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offers or registered and the attend social and social and florida Social tables. CRAINER PO	BLACKBURG	VA 24060				83	····						
Provide to the providence of Sections 607 (509, Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, State of Sections 70, 500, Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered agent of the composition of the approximation submits and the advection of Section 500, Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered agent of the composition of the approximation submits the statement for the purpose of changing its registered agent of the composition of the composi						84	City				85 Zip	Code	
CHAILING	1. Pursuant to the prov	sions of Sec	tions 607 0502 an	d 607.1508, Florida Sta	tutes, the a	bovi	e-named c	orpora	ation submits this statement for the p		changing il	s registered	
Data restance driver of the production of the product and the inspective instance (a) DATE PO OFFICE HS AND DURE CLORS 13 ADDITIONS/CHANGES TO OFFICERS AND DURECTORS IN 12 PI PO DELETE 1.1 TITLE Driver (CHANGES TO OFFICERS AND DURECTORS IN 12 VI PO TOTER, WILLIAM C. 1.2 TAME Driver (CHANGES TO OFFICERS AND DURECTORS IN 12 VI POSTER, WILLIAM C. 1.3 STREFT ADDRESS 1.4 CTV - ST-2P VI BLACKBURG VA DELETE 2.1 TITLE Change Addition VI SI 2* DELETE 2.1 TITLE Change Addition VI SI 2* DELETE 2.1 TITLE Change Addition VI SI 2* 2.3 STREFT ADDRESS 2.4 CITV - ST-2P Change Addition VI SI 2* 2.4 CITV - ST-2P Change Addition VI SI 2* 2.4 CITV - ST-2P Change Addition VI SI 2* 2.4 CITV - ST-2P Change Addition VI SI 2* 2.4 CITV - ST-2P Change Addition VI DELETE 4.1 TITLE Change Addition VI DELETE 4.1 TITLE Change Addition VI SI 2*	office or registered agent i tamiliar	agent, or bot with and acc	h, in the State of Fi copt the obligation	orida. Such change wa s of: Section 607,0505,	is authorize Florida Sta	d by tutes	/ the corpc s.	oration	's board of directors. I hereby accept	ot the app	ointment as	registered	
PD DELETE 11 TITLE Deletere VM FOSTER, WILLIAM C. 12 NAME 13 STREET ADDRSS VM H1 2004/V. 1018 OAK POINTE CT. 13 STREET ADDRSS VM H4 ADDRS DELETE 21 TITLE Change Addition VM H4 ADDRS DELETE 21 TITLE Change Addition VM H4 ADDRS DELETE 21 TITLE Change Addition VM H4 ADDRS 23 STREET ADDRSS 24 CITY-ST-ZP Change Addition VM H4 ADDRS 23 STREET ADDRSS 24 CITY-ST-ZP Change Addition VM H4 ADDRS 23 STREET ADDRSS 24 CITY-ST-ZP Change Addition VM H4 ADDRS 33 STREET ADDRSS 34 CITY-ST-ZP Change Addition VM H4 ADDRS 33 STREET ADDRSS 44 CITY-ST-ZP Change Addition VM H4 ADDRS 34 CITY-ST-ZP Change Addition VM H4 ADDRSS 34 CITY-ST-ZP Change Addition VM H4 ADDRSS 34 CITY-ST-ZP Change Addition VM H4 ADDRSS 35 STREET ADDRSSS 44 CITY-ST-ZP Change Addition <th>SIGNATURE Signature, tv.</th> <th>ed æ penfud nær</th> <th>e of legis cleid agent and</th> <th>Mie if applicaties (N</th> <th>IOIE Registere</th> <th>d Age</th> <th>ent signature re</th> <th>equired •</th> <th></th> <th></th> <th></th> <th></th>	SIGNATURE Signature, tv.	ed æ penfud nær	e of legis cleid agent and	Mie if applicaties (N	IOIE Registere	d Age	ent signature re	equired •					
WF FOSTER, WILLIAM C. 12 NAME IN SL20 1018 OAK POINTE CT. 13 STRET ADDRESS BLACKBURG VA 14 CIT-SL-2P Mill A CIT-SL-2P 2 NAME Mill A CIT-SL-2P 2 STRET ADDRESS Mill A CIT-SL-2P 2 STRET ADDRESS Mill A CIT-SL-2P 2 A CIT-SL-2P Mill A CIT-SL-2P 2 STRET ADDRESS Mill A CIT-SL-2P 2 A CIT-SL-2P Mill A CIT-SL-2P 2 A CIT-SL-2P <td>2. 117 PD</td> <td>(</td> <td>DEFICERS AND DI</td> <td></td> <td></td> <td>TI F</td> <td>r</td> <td></td> <td>ADDITIONS/CHANGES TO OFFIC</td> <td>ERS AND</td> <td></td> <td>S IN 12</td>	2. 117 PD	(DEFICERS AND DI			TI F	r		ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12	
IV SL 22: BLACKBURG VA 14 CITY-ST-2P LEE DELEFE 2 TITLE AGE 2 2 NAME AGE 2 2 SINET ADDRESS 2 4 CITY-ST-2P Change AGE 2 4 CITY-ST-2P AGE 3 STREET ADDRESS NA 3 STREET ADDRESS NY SL-20 44 CITY-ST-2P LIF 4 TITLE AGE 4 STREET ADDRESS NY SL-20 44 CITY-ST-2P LIF 4 CITY-ST-2P LIF 2 NAME STREET ADDRESS 44 CITY-ST-2P LIF 2 NAME STREET ADDRESS 5 STREET ADDRESS NY SL-20* 2 NAME STREET ADDRESS 5 STREET ADDRESS NY SL-20* 2 NAM	INF FOSTE				1								
ILE DELETE 21 TITLE Change Addition Ali 23 STREET ADDRESS 23 STREET ADDRESS Change Addition In: S1 70 2 A DITL_ST-ZP Change Addition MA 32 STREET ADDRESS Change Addition MA 33 STREET ADDRESS Change Addition MA 32 NAME 33 STREET ADDRESS Change Addition MA 32 NAME 33 STREET ADDRESS Change Addition MA 32 NAME 33 STREET ADDRESS Change Addition MA DELETE 31 TITLE Change Addition MA 32 STREET ADDRESS 34 CITY-ST-ZP Change Addition MA 42 STREET ADDRESS 44 STREET ADDRESS Change Addition MA 52 NAME S STREET ADDRESS Change Addition MA S STREET ADDRESS S STREET ADDRESS Change Addition MA S STREET ADDRESS S STREET ADDRESS S STREET ADDRESS S STREET ADDRESS MA S STREET ADDRESS S STREET ADDRESS S STREET AD			E CT.										
H1* Active vs. 23 SINET ADDRESS 17: 51: 20 24 CITY-57: 20 H4 DELETE 31 TITLE Change Addition MA M4 33 SINET ADDRESS YSI-20* H4 YSI-20* H4 YSI-20* H4 YSI-20* H4 YSI-20* H4 YSI-20* H4 H4 YSI-20* H4 H4 <td></td> <td></td> <td></td> <td>DELETE</td> <td></td> <td></td> <td>11-2#</td> <td></td> <td>ـــــــــــــــــــــــــــــــــــــ</td> <td></td> <td>Change</td> <td>Addition</td>				DELETE			11-2#		ـــــــــــــــــــــــــــــــــــــ		Change	Addition	
IT: SI: 20' 2.4.007: ST: 20' IE: DELETE SI: SI: 20' 3.3.50000000000000000000000000000000000	ani												
Ite DELETE 31 TITLE Change Addition MA 32 NAME 33 STREET ADDRESS 34 CITY-SF-ZIP Ite DELETE 41 TITLE Change Addition MI DELETE 51 TITLE Change Addition MI DELETE 51 TITLE Change Addition MI S1 ZIP Change Addition S1 ZIP Change Addition MI DELETE 51 TITLE Change Addition S3 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S4 CITY-S1-ZIP Change Addition MI DELETE 51 TITLE S4 CITY-S1-ZIP Change Addition MI DELETE 51 TITLE S1 TITLE Change Addition MI S1 ZIP S4 CITY-S1-ZIP <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>4</td><td></td><td></td><td></td><td></td><td></td></td<>							4						
REFE ADDRESS 33 STREET ADDRESS LY, S1-20 34 CITY-S1-ZIP LIF DELETE All 4 CITY-S1-ZIP All 4 2 NAME HE FL ADDRESS 4 3 STREET ADDRESS LY, S1-ZP 44 CITY-S1-ZIP LY S1-ZP 44 CITY-S1-ZIP LY S1-ZP 44 CITY-S1-ZIP LY S1-ZP 44 CITY-S1-ZIP LY S1-ZP 22 NAME LY S1-ZP 52 NAME LY S1-ZP 52 NAME LY S1-ZP 52 NAME LY S1-ZP 53 STREET ADDRESS LY S1-ZP 54 CITY-S1-ZIP LY S1-ZP 53 STREET ADDRESS LY S1-ZP 54 CITY-S1-ZIP LY S1-ZP 53 STREET ADDRESS LY S1-ZP 54 CITY-S1-ZIP LY S1-ZP 53 STREET ADDRESS LY S1-ZP 54 CITY-S1-ZIP <td< td=""><td>h..</td><td></td><td>,</td><td>DELETE</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td>Change</td><td>Addition</td></td<>	h. .		,	DELETE	1						Change	Addition	
Yr SI-2P 34 CITY-SI-2P ItE DELETE All 4 2 NAME All 4 3 STREEF ADDRESS IT-SI-2P 44 CITY-SI-2P ItE 1 DELETE All 4 3 STREEF ADDRESS IT-SI-2P 44 CITY-SI-2P ItE 1 DELETE SI-AP 44 CITY-SI-2P ItE 51 TITLE Ite 52 NAME SI-AP 53 STREEF ADDRESS Ite ALGHERS 53 STREEF ADDRESS Ite 53 STREEF ADDRESS Ite ALGHERS 53 STREEF ADDRESS </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td>							ADDRESS						
Mile 4 2 NAME He 1: ADIFIE 55 4 3 STREET ADDRESS 1: 51: 20 4.6 CITY-51: 20 1: 6 0 DELETE 51: 70: 0 2 NAME 1: 6 0 DELETE 51: 70: 0 2 NAME 91: 51: 200 2 NAME 91: 51: 200 5 STREET ADDRESS 1: 51: 200 6 STREET ADDRESS 1:	1 <u>Y \$1-Zi²</u>					=							
He F: ADLPRESS 43 STREET ADDRESS He F: ADLPRESS 44 CITY-ST-ZIP Life DELETE S1 ZIP Change Addition NME S2 NAME S2 NAME S2 NAME S3 STREET ADDRESS IY-S1 ZIP INF S1 ZIP IV-S1 ZIP	TLE .			L_ DELETE							L) Change		
LLF DELETE 51 TITLE Change Addition AME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP ItH DELETE 51 TITLE Change Addition M4 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Change Addition IV-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP Change Addition IV-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP Change Addition IV-ST-ZIP 64 CITY-ST-ZIP 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP IV-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP Ivormation: indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the farm 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 12 of Block	FRET ADDRESS						ADDRESS						
Mile 52 NAME Start an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CIGNATURE: S40 720-450	<u>TY - ST - 201</u>						ST - ZIP						
HE LADORESS 53 STREET ADDRESS IN-ST-20° 54 CITY-ST-21° IR DELETE IR DELETE STREET ADDRESS 54 CITY-ST-21° IR DELETE STREET ADDRESS IR DELETE STREET ADDRESS IR DELETE STREET ADDRESS IR STREET ADDRESS IR STREET ADDRESS IV-ST-20° STREET ADDRESS IV-ST-20° <t< td=""><td>1LF</td><td></td><td></td><td>LJ DELETE</td><td></td><td></td><td></td><td></td><td></td><td></td><td>LJ Change</td><td></td></t<>	1LF			LJ DELETE							LJ Change		
It DELETE 5.1 TIFLE Change Addition Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PHE LADORESS						ADDRESS						
62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 1. To hereby cc11y 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the tarm an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address. SIGNATURE:	1Y-ST-20						5 T - ZIP				Change	Addition	
BEFLADDESS 6.3 STREET ADDRESS 1Y-S1-7IP 6.4 CITY-S1-7IP 1 do hereby cort fy 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 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 or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as if made under oath; the annual report or trustee empowered to execute this report as recurred by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CIGNATURE: 440/77, 540-20-45	4246						ţ				www.counge	hand Prototology	
4. I do hereby cc1 by 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the tam an officer or director of the corporation or the receiver or trustec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.	IREFT ADDRESS						ADDRESS						
information information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; the same and indicated on this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.	dY-\$1-71P 4. Edo hereby cort fy t	hal the iefom	nation supplied wit	h this filma does not a	alify for the	exe	mption sta	ated in	Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the	
appears in Block 12 of Block 13 if changed, or on an attachment with an address.	information indicate	d on this ann rector of the	ual report or supp corporation or the	lemental annual report receiver or trustee emp	is true and owered to	acci	urate and t	that m	y signature shall have the same lega s required by Chapter 607, Florida 5	il effect as statutes; a	if made un nd that my i	der oath; the name	
IGNATURE: 4/9/97 540-29-45	appears in Block 1;	P or Block 13	if changed, or on	an attachment with an a	address.	9	1		4- 11-		.1.		
	IGNATURE :			4 	U	A	Un		W 49/9	7	540-	957-4S	