
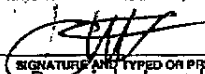


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # J31450</b> 1. Entity Name W P L, INC.		
Principal Place of Business 6529 CENTRAL AVE. ST. PETERSBURG, FL 33710		Mailing Address 6529 CENTRAL AVE. ST. PETERSBURG, FL 33710
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LOEBENBERG, DAVID A. 6529 CENTRAL AVE. ST. PETERSBURG, FL 33710		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOEBENBERG, DAVID A. 6529 CENTRAL AVE. ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERMELSTEIN, SANDRA 9021 WATER ASH LANE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEBENBERG, MICHAEL 6529 CENTRAL AVENUE SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  David Loebenberg		01/17/05 727 347-8900 Date Daytime Phone #



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2840882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

000000189259  
01/24/05-80087-025 150.00

**DO NOT WRITE  
IN THIS SPACE**