

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 033 ***150.00

DOCUMENT # J47292
 1. Entity Name
WASP INVESTMENTS, INC.



Principal Place of Business Mailing Address
8229 SHADE TREE CT. **8229 SHADE TREE CT.**
JACKSONVILLE FL 32256-7107 **JACKSONVILLE FL 32256-7107**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
59-2756907 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HECHAVARRIA, LUIS DE
8229 SHADE TREE CT.
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HECHAVARRIA, LUIS DE	
STREET ADDRESS	8087 SUMMIT RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHAVARRIA, JOAN N. DE	
STREET ADDRESS	8087 SUMMIT RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHAVARRIA, LUIS DE JR.	
STREET ADDRESS	8087 SUMMIT RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHAVARRIA, ANNE DE	
STREET ADDRESS	8087 SUMMIT RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHAVARRIA, SUSAN DE	
STREET ADDRESS	8087 SUMMIT RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHAVARRIA, PAUL DE	
STREET ADDRESS	8087 SUMMIT RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8229 Shade Tree Ct.	
STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8229 Shade Tree Ct.	
STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12691 SW 45 Street Road	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	86 Centre Street	
CITY-ST-ZIP	Dover, MA 02030	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12305 SW 38 Street	
CITY-ST-ZIP	Ocala, FL 34481	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Luis de Hechavarria* **Luis de Hechavarria** **4/6/06** **906/641-8683**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #