

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

8229 SHADE TREE CT.
JACKSONVILLE FL 32256-7107

Mailing Address

8229 SHADE TREE CT.
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

59-2756907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HECHAVARRIA, LUIS DE
8229 SHADE TREE CT.
JACKSONVILLE FL 32256

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 DP ☐ Delete
NAME HECHAVARRIA, LUIS DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8229 Shade Tree Ct.
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ Delete
NAME HECHAVARRIA, JOAN N. DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8229 Shade Tree Ct.
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ Delete
NAME HECHAVARRIA, LUIS DE JR.
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME HECHAVARRIA, ANNE DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12691 SW 45 Street Road
CITY-ST-ZIP Ocala, FL 34481

TITLE D ☐ Delete
NAME HECHAVARRIA, SUSAN DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 86 Centre Street
CITY-ST-ZIP Dover, MA 02030

TITLE D ☐ Delete
NAME HECHAVARRIA, PAUL DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ 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

4/6/06

906/641-8683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone