

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47292

FILED
Feb 27, 2012
Secretary of State

Entity Name: WASP INVESTMENTS, INC.

Current Principal Place of Business:

8229 SHADE TREE CT.
JACKSONVILLE, FL 322567107 US

New Principal Place of Business:

Current Mailing Address:

8229 SHADE TREE CT.
JACKSONVILLE, FL 322567107 US

New Mailing Address:

FEI Number: 59-2756907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLANAGAN, TIMOTHY L
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: TIMOTHY L. FLANAGAN

02/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: DE HECHAVARRIA, LUIS
Address: 8229 SHADE TREE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: DE HECHAVARRIA, JOAN N
Address: 8229 SHADE TREE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: DE HECHAVARRIA, LUIS JR.
Address: 8087 SUMMIT RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SCOTT, ANNE D
Address: 4235 SW 126TH TERRACE
City-St-Zip: OCALA, FL 34481

Title: D
Name: WHELAN, SUSAN H
Address: 86 CENTRE ST
City-St-Zip: DOVER, MA 02030

Title: D
Name: DE HECHAVARRIA, PAUL
Address: 12305 SW 38TH ST
City-St-Zip: OCALA, FL 34481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS DE HECHAVARRIA

D

02/27/2012

Electronic Signature of Signing Officer or Director

Date