2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # J53931

1. Entity Name
WCT PROPERTIES, INC.

Principal Place of Business	Mailing Address
4320 GULFSHORE BLVD. NORTH SUITE 212 NAPLES, FL 34103	4320 GULFSHORE BLVD. NORTH SUITE 212 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1723446
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINER, ERIC
6290 WILSHIRE PINES CR 802
NAPLES, FL 34109

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WEINER, SHELDON
STREET ADDRESS	9210 HOLLOW PINE DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DS
NAME	WEINER, LOUISE M
STREET ADDRESS	9210 HOLLOW PINE DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VP
NAME	WEINER, ERIC M
STREET ADDRESS	6290 WILSHIRE PINES CIRCLE 802
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80022-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Louise M. Weiner 2/28/08 (239)434-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #