## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## FILED Apr 27, 2005 08:00 AM Secretary of State

IN THIS SPACE

1. Entity Name WSB DEVELOPMENT CORPORATION				Secretary of State			
Principal Plac C/O J W CREN BOX 248 WAUCHULA,	NS, JR	Mailing Address C/O J W CREWS, JR BOX 248 WAUCHULA, FL 33873			T    <b>       </b>		
E	O NOT WRITE I	N THIS SPA	CE	04252005 4. FEI Numbe 65-028	No Chg-P	CR2E034 (10/03)  Applied For Not Applicab  \$8.75 Additional Fee Required	
8. The above the obligat			ed office or register	IN 7	NOT W THIS SP  h, in the State of Flo	ACE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.				when reinstating)  OO May Be ed to Fees		DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PD CREWS, J.W., JR. 106 E. MAIN ST. WAUCHULA, FL 33873 STD HANCHEY, ROBERT E. 106 E. MAIN ST. WAUCHULA, FL 33873	CTORS			000000 04/27/05-	0335819 80100-021 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	

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: _	De TW CROWS	Jk	4125/05	863-773-4151
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dale	Daytime Phone #