



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90013 010 ***150.00

DOCUMENT # K46182 1. Entity Name WESTERN APPALACHIAN SPECIALTY PROJECTS, INC.					
Principal Place of Business % WILLIAM T. MOORE 2005 N. HALIFAX DRIVE DAYTONA BEACH, FL 32118			Mailing Address PO BOX 305 ORMOND BEACH, FL 32175		
2. Principal Place of Business 54 Indianhead Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Ormond Bch FL		City & State Ormond Beach FL		4. FEI Number 59-2934896	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, WILLIAM T. 2005 N. HALIFAX DRIVE DAYTONA BEACH FL, FL 32118				7. Name and Address of New Registered Agent Name William T. Moore Street Address (P.O. Box Number is Not Acceptable) 54 Indianhead Drive City Ormond Beach FL Zip Code 32174	
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 W. T. Moore (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, WILLIAM T. 2005 N HALIFAX DR DAYTONA BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, WILLIAM, T, III 1301 OAK FOREST DR. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, MOLLY, E 117 PINE TREE DR ORMOND BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, KAY D 2005 N HALIFAX DR DAYTONA BCH., FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDSON, JUDITH M 14 RISING MOON TRAIL ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: W. T. Moore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					