

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90056 018 \*\*\*150.00

**DOCUMENT # K87866**

1. Entity Name  
**WCR CONSULTANTS, INCORPORATED**



Principal Place of Business

% WILLIAM C. ROBBINS  
2800 PARR CT. W.  
JACKSONVILLE, FL 32216

Mailing Address

% WILLIAM C. ROBBINS  
2800 PARR CT. W.  
JACKSONVILLE, FL 32216

**94037733**



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2952510</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBBINS, WILLIAM C.  
2800 PARR CT. W.  
JACKSONVILLE, FL 32216

**DO NOT WRITE  
IN THIS SPACE**

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

*William C. Robbins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-12-04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ROBBINS, WILLIAM C.
STREET ADDRESS	2800 PARR CT. W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VSD
NAME	ROBBINS, MARIEDITH
STREET ADDRESS	2800 PARR CT. W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	ROBBINS, J GLENN
STREET ADDRESS	6518 RAMOTH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	ROBBINS, DAWN
STREET ADDRESS	6518 RAMOTH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*William C. Robbins Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-04**

Date

**(904)  
641-5371**

Daytime Phone #