

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L20386

Entity Name: WOP, INC.

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6107 MOUNTAIN LAKE DR  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

6107 MOUNTAIN LAKE DRIVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 59-3028556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCARPA, MARIO J  
6107 MOUNTAIN LAKE DRIVE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SCARPA, MARIO J  
Address: 6107 MOUNTAIN LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: SEC  
Name: SCARPA, JANE  
Address: 6107 MOUNTAIN LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: TREA  
Name: SCARPA, MARIO J  
Address: 6107 MOUNTAIN LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813

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: MARIO J SCARPA

PRES

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date