


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90023 025 \*\*\*150.00

<b>DOCUMENT # L89467</b> 1. Entity Name WASP, INC.	
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Principal Place of Business 2005 N. HALIFAX DAYTONA BEACH, FL 32118	Mailing Address PO BOX 305 ORMOND BEACH, FL 32175
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03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0208732	Applied For Not Applicable
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 AVE.  
DAYTONA BCH., FL 32118

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, WILLIAM T. 2005 N. HALIFAX DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, WILLIAM, T, III 1301 OAK FORREST DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, MOLLY E 117 PINE TREE DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, KAY 2005 N. HALIFAX AVE DAYTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(l), 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 T. Moore *William T. Moore, President* 3/15/04 386-258-0309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #