

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-21-2006 90013 007 \*\*\*150.00

**60020070**



02062006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0208732

Applied For  
Not Applicable

5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required

**DOCUMENT # L89467**

1. Entity Name  
WASP, INC.



Principal Place of Business  
2005 N. HALIFAX  
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 Beach FL

City & State  
Ormond Beach FL

Zip  
32174

Country  
USA

Zip  
32174

Country  
USA

6. Name and Address of Current Registered Agent  
MOORE, WILLIAM T.  
2005 N. HALIFAX AVE.  
DAYTONA BCH., 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: *William T. Moore*

Signature, typed or printed name of registered agent and file if applicable (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. ☐ \$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 DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 54 Indianhead Drive Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, WILLIAM, T. III 1301 OAK FORREST DR ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, KAY 2005 N. HALIFAX AVE DAYTONA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 54 Indianhead Drive Ormond Beach, FL 32174
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William T. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #