2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05000001995

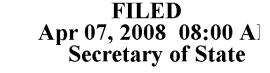
1. Entity Name WAKULLA BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

3295 CRAWFORDVILLE HWY SUITE 8A CRAWFORDVILLE, FL 32327 Mailing Address

3295 CRAWFORDVILLE HWY - STE 8 CRAWFORDVILLE, FL 32327





04042008 No Chg-NP

CR2E037 (4/06)

4.	FEI Number
	56-2541403

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAKULLA BUSINESS CENTER POA 3295 CRAWFORDVILLE HWY SUITE 8 CRAWFORDVILLE, FL 32327

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CRAWFORDVILLE, FL 32327						
	named entity submits this statement for the ions of registered agent	purpose of changing its registered	d office or r		oth, in the State of Florida I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and is	tle if applicable (NO1E Registered	Agent signaturi	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000888980 04/17/08-80025-015 61.25	
10.	OFFICERS AND DIR	ECTORS		· - · · · · · -	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP	PD MOOSHIE, JOHN 3295 CRAWFORDVILLE HWY - STE CRAWFORDVILLE, FL 32327	E 8			A Company of the Comp	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JARRETT, JAMES 3025 NATHAN LN TALLAHASSEE, FL 32308		' î v			
NAME STREET ADDRESS CHY-ST-ZIP	STD WALLACE, RON 3025 NATHAN LN TALLAHASSEE. FL 32308		,		NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					AMERICAN STATE OF THE STATE OF	
12. I hereby o	certify that the information supplied with this	s filing does not qualify for the exer	mptions co	ntained in Chapter 11	9. Florida Statutes. I further certify that the information	

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 eath; that I am an officer or director of the corporation or the receiver or Irustee empowered to execute this report as required by Chapter 617, 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:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

414108

976-5000

Daytime Phone #