


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90018 024 \*\*\*\*61.25

<b>DOCUMENT # N16668</b> 1. Entity Name WRMF, INC.					
Principal Place of Business C/O DOUGLAS C. PETERS 1065 GARDEN OF THE GODS ROAD COLORADO SPRING, CO 80907-3405 US			Mailing Address C/O DOUGLAS C. PETERS 1065 GARDEN OF THE GODS ROAD COLORADO SPRING, CO 80907-3405 US		
2. Principal Place of Business <b>C/O ROBERT J. SKINNER</b> Suite, Apt. #, etc. <b>1065 GARDEN OF THE GODS</b> City & State <b>COLORADO SPRINGS, CO</b> Zip <b>80907-3405</b> Country <b>US</b>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0056817</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MR. CHARLES MORGAN, JR.</b> <b>1300 N.W. 167 ST.</b> <b>MIAMI, FL 33169</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DAVID J <input type="checkbox"/> Delete 1065 GARDEN OF THE GODS RD COLORADO SPRINGS, CO 80907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, DOUGLAS C <input checked="" type="checkbox"/> Delete 1065 GARDEN OF THE GODS ROAD COLORADO SPRINGS, CO 80907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>ROBERT J. SKINNER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1065 GARDEN OF THE GODS ROAD</b> <b>COLORADO SPRINGS, CO 80907</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOERS, BARBARA <input type="checkbox"/> Delete 1065 GARDEN OF THE GODS RD. COLORADO SPRINGS, CO 80907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, JAMES D <input type="checkbox"/> Delete 884 CALLE VILLALENGUA QUITO, ECUADOR,		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	
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 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 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.					
<b>SIGNATURE: Robert J. Skinner</b> <b>Robert J. SKINNER</b> <b>7/8/05</b> <b>388-2247</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					