

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004253

1. Entity Name
WRP, INC.



Principal Place of Business
135 BENNING DR.
DESTIN, FL 32541-4938 US

Mailing Address
P.O. BOX 308
DESTIN, FL 32540 US



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3405130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEBOGORY, PETER E
79 OLD HIGHWAY 98
DESTIN, FL 32541

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
D
GRISWOLD, RICHARD
75 BAY HAVEN CT
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEIDENHAMER, TOM
808 WILD OAK AVE.
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEBOGORY, PETER E
79 OLD HIGHWAY 98
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, BILL V
79 OLD HIGHWAY 98
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000246453
02/28/05-80067-007 61.25

**DO NOT WRITE
IN THIS SPACE**

2. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/05

850-837-2488