

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 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



03012006 No Chg-NP

CR2E037 (11/05)

**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

**8. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

9. 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 \$81.25**  
**Due by May 1, 2006**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000461269  
03/20/06-00046-002 61.25

**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

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Richard E. Griswold  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06  
Date

877-837-6146  
Daytime Phone #