


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90006 017 \*\*\*158.75

**DOCUMENT # P00000077488**

1. Entity Name  
**WAHOO BAY DEVELOPMENT CORPORATION**



Principal Place of Business      Mailing Address

741 NE 17TH TERR. #2  
 FT LAUDERDALE FL 33304

P.O. BOX 030512  
 FT LAUDERDALE FL 33303

44049584



MOORE CR2E034 (4/04)

2. Principal Place of Business      3. Mailing Address

**241 30th St.**      **241 30th St.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**WEST PALM BEACH, FL**      **WEST PALM BEACH, FL**

Zip      Zip      Country      Country

**33407**      **33407**

4. FEI Number      Applied For

**65-1029370**       Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBEL, LAURENCE O**  
**741 NE 17TH TERR. #2**  
**FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**241 30th STREET**

**WEST PALM BEACH FL**      Zip Code **33407**

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: LAURENCE O. RUBEL      DATE: 6/14/04

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agents signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> Delete
NAME	<b>RUBEL, LAURENCE O</b>
STREET ADDRESS	<del>741 NE 17TH TERR. #2</del>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>241 30th STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: [Signature]      DATE: 6/14/04      DAYTIME PHONE #: 561-841-5335

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