2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000078811

1. Entity Name
WPB MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3540 FOREST HILL BLVD SUITE 203 WEST PALM BEACH, FL 33406	3540 FOREST HILL BLVD SUITE 203 WEST PALM BEACH, FL 33406

66013349

04192005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1036973
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DENTRY, DEBORAH A
3540 FOREST HILL BLVD
SUITE 203
WEST PALM BEACH, FL 33406

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DENTRY, DEBORAH A
STREET ADDRESS	3540 FOREST HILL BLVD, STE 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Deborah Dentry_ Deborah Dentry   4/20/05   561433-4810

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