


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000100325 1. Entity Name W.D.C. PROPERTY MANAGEMENT, INC. |  |
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| Principal Place of Business 9075 SEMINOLE BLVD SEMINOLE, FL 33772 | Mailing Address 9075 SEMINOLE BLVD SEMINOLE, FL 33772 |
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01042005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3677673 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent CATON, RICHARD P 9075 SEMINOLE BLVD SEMINOLE, FL 33772 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-registering

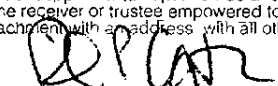
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WILLIAMSON, DOUGLAS M 9075 SEMINOLE BLVD. SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD DIAMOND, SANDRA F 9075 SEMINOLE BLVD. SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD CATON, RICHARD P 9075 SEMINOLE BLVD. SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/07/05-80012-025 150.00

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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:  Richard P. Caton 1/4/05 (727) 398-3600

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