

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100542

Entity Name: WBNWS, INC.

FILED
Feb 02, 2005
Secretary of State

Current Principal Place of Business:

17052 N HWY 301
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

17150 NE 9TH AVE.
CITRA, FL 32113

New Mailing Address:

FEI Number: 59-3681605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, SCOTT
393 COUNTY RD. 318
CITRA, FL 32113 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WALLACE, BERNARD
Address: 411 NE 4TH TER
City-St-Zip: WILLISTON, FL 32696

Title: VPTR () Delete
Name: WALLACE, SCOTT C
Address: 393 CR 318
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD WALLACE

P

02/02/2005

Electronic Signature of Signing Officer or Director

Date