


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000028729</b> 1. Entity Name <b>WBC SERVICES, INC.</b>	
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Principal Place of Business <b>13014 N. DALE MABRY, #628 TAMPA, FL 33618-2808</b>	Mailing Address <b>P. O. BOX 13243 TAMPA, FL 33681-3243</b>
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**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3599261</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COSSETTE, B. VICTORIA  
13014 N DALE MABRY, #628  
TAMPA, FL 33618**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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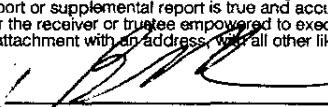
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SANCHEZ, ROBERT 13014 N. DALE MABRY, #628 TAMPA, FL 33618</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>SANCHEZ, JOE 13014 N. DALE MABRY, #628 TAMPA, FL 33618</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>COSSETTE, B. VICTORIA 13014 N. DALE MABRY, #628 TAMPA, FL 336182808</b>
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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05/12/04-80005-008 150.00

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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, and all other like empowered

SIGNATURE:  **5/4/04**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #