
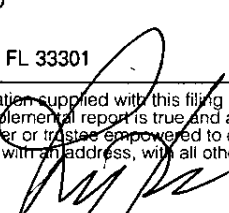


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 004 ***150.00

DOCUMENT # P01000059964 1. Entity Name WGCC, INC.					
Principal Place of Business 300 SE 2ND ST. FT. LAUDERDALE FL 33301			Mailing Address 300 SE 2ND ST. FT. LAUDERDALE FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, PATRICIA 300 SE 2ND ST. FT. LAUDERDALE FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP STILES, TERRY W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 SE 2ND ST.		NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VT EAGON, DOUGLAS P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 SE 2ND ST.		NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VS JONES, PATRICIA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 SE 2ND ST.		NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V PALMER, STEPHEN R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 SE 2ND ST.		NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V STINE, JAMES W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 SE 2ND ST.		NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V FERRERA, ROCCO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300 SE 2ND ST.		NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP			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:  Rocco Ferrera			4/19/04 954-627-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment
24068747

PO1000059964

TITLE: Assistant Secretary

NAME: FLOREK, DONNA

STREET ADDRESS: 300 SE 2nd St.

CITY-ST-ZIP: Ft. Lauderdale, FL 33301