

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90004 003 \*\*\*150.00

**DOCUMENT # P01000070494**

1. Entity Name  
WC, INC.



Principal Place of Business  
234 176TH TERRACE DRIVE  
REDINGTON SHORES, FL 33708

Mailing Address  
234 176TH TERRACE DRIVE  
REDINGTON SHORES, FL 33708

**54073298**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3737745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM H KRIDEL & ASSOC  
4437 CENTRAL AVE  
SAINT PETERSBURG, FL 33713  
(correct spelling)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
COSGROVE, WILLIAM  
234 176TH TERRACE DRIVE  
REDINGTON SHORES, FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
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☐ Change ☐ Addition

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
54073298

9/9/2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida

Attention: Katrina Sutphin

Subject: WC Inc.  
Ref. Number P01000070494

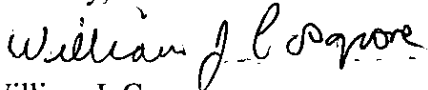
Dear Ms. Sutphin,

I did not receive the original or the second notice annual report. I submitted this check after asking my accountant if I had to send the state anything for the corporation. You sent back my check with the form that has to be filled out. Upon reviewing this form that you have sent to me I noticed that you listed the name and address of Current Registered Agent as William H Kridel & Associates.

The correct name is William H. Krodel & Assoc

I appreciate your help in waiving the reinstatement fee.

Sincerely,

  
William J. Cosgrove  
WC Inc.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 12, 2004

WC, INC.  
234 176TH TERRACE DRIVE  
REDINGTON SHORES, FL 33708

SUBJECT: WC, INC.  
Ref. Number: P01000070494

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the profit annual report is \$150.00 plus \$400.00 late-fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the reinstatement fee is due to non-receipt of the original/second notice annual report. A letter stating non-receipt will need to accompany the completed Annual Report/Reinstatement.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 704A00044348