

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102569

Entity Name: W.P.N., INC.

FILED  
Apr 13, 2005  
Secretary of State

## Current Principal Place of Business:

464 W PIPKIN RD  
SUITE 1  
LAKELAND, FL 33813

## Current Mailing Address:

P.O. BOX 6272  
LAKELAND, FL 338076272

## New Principal Place of Business:

902 SOUTH FLORIDA AVENUE  
SUITE 101  
LAKELAND, FL 33803

## New Mailing Address:

902 SOUTH FLORIDA AVENUE  
SUITE 101  
LAKELAND, FL 33803

FEI Number: 58-2656691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIEL MEDINA, P.A.  
464 W PIPKIN RD  
SUITE 1  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

DANIEL MEDINA, P.A.  
902 SOUTH FLORIDA AVENUE  
SUITE 101  
LAKELAND, FL 33803 US

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: DANIEL MEDINA

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STONE, WILLIAM H  
Address: 970 GLADES RD.  
City-St-Zip: GATLINBURG, TN 37738

Title: D ( ) Delete  
Name: STONE, EMILY  
Address: 970 GLADES RD.  
City-St-Zip: GATLINBURG, TN 37738

Title: D ( ) Delete  
Name: STONE, GERTRUDE  
Address: 4540 BEE RIDGE RD., NO. 264  
City-St-Zip: SARASOTA, FL 34236

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: STONE, WILLIAM H  
Address: 970 GLADES RD.  
City-St-Zip: GATLINBURG, TN 37738

Title: D/V/P (X) Change ( ) Addition  
Name: STONE, EMILY  
Address: 970 GLADES RD.  
City-St-Zip: GATLINBURG, TN 37738

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: WILLIAM H STONE

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date