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WBA FABRICA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90020 034 ***150.00

DOCUMENT # P01000113031			
1. Entity Name WBA FABRICATION INC.			
Principal Place of Business 3534 ENTERPRISE AVE # 30 NAPLES, FL 34104		Mailing Address 3534 ENTERPRISE AVE # 30 NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # 3435 Enterprise Ave		3. Mailing Address 3435 Enterprise Ave	
Suite, Apt. #, etc. # 30		Suite, Apt. #, etc. # 30	
City & State Naples, FL		City & State Naples, FL	
Zip 34105		Zip 34105	
Country Collier		Country Collier	
4. FEI Number 01-0563790		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALGER, WILLIAM B 3332 TORTUGA WAY NAPLES, FL 34105		7. Name and Address of New Registered Agent 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: <u>William B. Alger</u> <i>WBA</i> 8/9/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retires (ing). DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALGER, WILLIAM B 3332 TORTUGA WAY NAPLES, FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALGER, DANA L 3332 TORTUGA WAY NAPLES, FL 34105 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William B. Alger</u> <i>WBA</i> 8/9/07 Signature and typed or printed name of signing officer or director		239-290-4470 Date City/State Phone #	