2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000006887

1. Entity Name
W.B.G. MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
1520 NW 65TH AVE., SUITE 6 PLANTATION, FL 33313	1520 NW 65TH AVE., SUITE 6 PLANTATION, FL 33313

DO NOT WRITE IN THIS SPACE
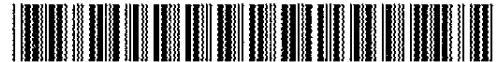
03242004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
26-0031512	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRINER, WAYNE B
1520 NW 65TH AVE., SUITE 6
PLANTATION, FL 33313

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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 $150.00 After May 1, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000100301 04/01/04-80002-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRINER, WAYNE B
STREET ADDRESS	1520 NW 65TH AVE., SUITE 6
CITY-ST-ZIP	PLANTATION, FL 33313

TITLE	VP
NAME	GRINER, BONNER
STREET ADDRESS	1520 NW 65TH AVENUE, SUITE 6
CITY-ST-ZIP	PLANTATION, FL 33313

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: _Bonner Griner VP_   3/25/04   954.584.8160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #