2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013311

Entity Name: W.L.A., INC.

FILED Mar 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1927 PINE ISLAND ROAD, S.W. 645 COMMERCIAL PARK PL. CAPE CORAL, FL 33991 CAPE CORAL, FL 33991

Current Mailing Address: New Mailing Address:

1927 PINE ISLAND ROAD, S.W. 645 COMMERCIAL PARK PL CAPE CORAL, FL 33991 CAPE CORAL, FL 33991

FEI Number: 01-0605463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNDORE, THOMAS

1927 PINE ISLAND ROAD, S.W.
CAPE CORAL, FL 33991

DUNDORE, THOMAS
645 COMMERCIAL PARK PL
CAPE CORAL, FL 33991

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: THOMAS L. DUNDORE 03/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: (X) Change () Addition DUNDORE, THEODORE DUNDORE, THEODORE Name: Name: 1927 PINE ISLAND ROAD, S.W. Address: 645 COMMERCIAL PARK PL Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: CAPE CORAL, FL 33991

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: THOMAS L. DUNDORE PRES 03/18/2004