2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000017200

1. Entity Name
W.R.D.P ENTERPRISES, INC.

qUU3c0UJ

03162007   No Chg-P   CR2E034 (11/05)

Principal Place of Business	Mailing Address
6920 69TH ST E PALMETTO, FL 34221	PO BOX 2019 PALMETTO, FL 34220

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3602703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SABATINO, DEANNA
6920 69TH ST E
PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	SABATINO, MICHAEL
STREET ADDRESS	6920 69TH ST E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	P
NAME	SABATINO, DEANNA
STREET ADDRESS	6920 69TH ST E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Deanna Sabatino_   4-1-07   941-723-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #