


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90196 031 ***150.00

DOCUMENT # P02000034212					
1. Entity Name W.B. IMPROVEMENTS, INC.					
Principal Place of Business 2823 RIPTON CT. ORLANDO, FL 32835 US			Mailing Address 2823 RIPTON CT. ORLANDO, FL 32835 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0579496	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARBUGLI, WILSON 2823 RIPTON CT. ORLANDO, FL 32835				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.	BARBUGLI, EDUARDO D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		1061 SOUTH HIAWASSEE RD. #1712		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE	V	BARBUGLI, WILSON R	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	P Barbugli, Wilson B.
STREET ADDRESS		2823 RIPTON CIRCLE		STREET ADDRESS	2823 Ripton Cir.
CITY-ST-ZIP		ORLANDO, FL 32835		CITY-ST-ZIP	Orlando, FL 32835
TITLE	D	CALZA, RODRIGO D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		12512 BUTLER BAY CT.		STREET ADDRESS	
CITY-ST-ZIP		WINDERMERE, FL 34786		CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP				CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	

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01142005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0579496 Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
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9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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TITLE			<input type="checkbox"/> Delete
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STREET ADDRESS			
CITY-ST-ZIP			

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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	Barbugli, Wilson B.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		2823 Ripton Cir.	
CITY-ST-ZIP		Orlando, FL 32835	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____