2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000007043

City-St-Zip:

OCALA, FL 34482

FILED Oct 29, 2004 Secretary of State

Entity Nam	ne: WRCA (CORP.		•	
Current Principal Place of Business:			New Principal Place of	Business:	
1475 PALM COAST PARKWAY NW SUITE 102 PALM COAST, FL 32137					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE 102	COAST PAI ST, FL 3213				
FEI Number:	84-1620999	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address of I	New Registered Agent:	
CHIUMENTO, MICHAEL D III,ESQ 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137 US			LAIBLE, JULIE 121 DUNDEE ROAD DAYTONA BEACH, FL		
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: JULIE LAIBLE				10/29/2004	
	Electro	nic Signature of Registered Agen	t	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (COLPOYS, DO 155 BIRCHWO PALM COAST	OOD LANE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D (O'REILLY, LA' 5 CORONA CO PALM COAST	DURT	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (DEBENEDICT 4271 W HIGH		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: DOUGLAS J. COLPOYS D 10/29/2004