

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90038 016 \*\*\*150.00

**DOCUMENT # P03000007043**

1. Entity Name  
WRCA CORP.



Principal Place of Business

1475 PALM COAST PARKWAY NW  
SUITE 102  
PALM COAST, FL 32137

Mailing Address

1475 PALM COAST PARKWAY NW  
SUITE 102  
PALM COAST, FL 32137



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1620999

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAIBLE, JULIE  
121 DUNDEE ROAD  
DAYTONA BEACH, FL 32118

**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

*Julie Laible E.A.* *JULIE LAIBLE E.A.*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

*1/16/06*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME COLPOYS, DOUGLAS J  
STREET ADDRESS 155 BIRCHWOOD LANE  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D  
NAME O'REILLY, LAWRENCE P  
STREET ADDRESS 5 CORONA COURT  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D  
NAME DEBENEDICTY, GEORGE  
STREET ADDRESS 4271 W HIGHWAY 40  
CITY-ST-ZIP OCALA, FL 34482

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

*Douglas J. Colpoys*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

*1-20-06*

Daytime Phone #

*38-931-1252*