

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90306 036 \*\*\*150.00

**DOCUMENT # P03000018473**

1. Entity Name  
**WB CHOICE SERVICES, INC.**



Principal Place of Business  
**2411 PARSON LANE  
 SARASOTA, FL 34239**

Mailing Address  
**2411 PARSON LANE  
 SARASOTA, FL 34239**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**66423017**



04222004 Chg-P CR2E034 (10/03)

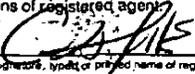
4. FEI Number  
**06-1679489**

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

6. Name and Address of Current Registered Agent  
**MONVILLE, CAROL LYNN CPA  
 2300 BEE RIDGE ROAD SUITE 301  
 SARASOTA, FL 34239**

7. Name and Address of New Registered Agent  
 Name **CAROLYNN MONVILLE CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3737 S. TUTTLE Avenue**  
 City **SARASOTA** FL Zip Code **34239**

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  DATE **4-23-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRITT KUNTZ 2411 PARSON LANE SARASOTA FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAM KUNTZ 2411 PARSON LANE SARASOTA FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4-23-04** DAYTIME PHONE # **941-928-8628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR