

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099959

Entity Name: WCR, INC.

FILED  
Apr 11, 2005  
Secretary of State

## Current Principal Place of Business:

2031 US 27 SOUTH  
SEBRING, FL 33875

## New Principal Place of Business:

2745 TREASURE CAY LANE  
SEBRING, FL 33875

## Current Mailing Address:

2031 US 27 SOUTH  
SEBRING, FL 33875

## New Mailing Address:

2745 TREASURE CAY LANE  
SEBRING, FL 33875

FEI Number: 13-4263804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REED, ROBIN A  
2745 TREASURE CAY LANE  
SEBRING, FL 33875 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REED, ROBIN A  
Address: 2745 TREASURE CAY LANE  
City-St-Zip: SEBRING, FL 33875 US

Title: V ( ) Delete  
Name: FUTCH, JEFFREY E  
Address: 1233 EDGEWATER POINT DRIVE  
City-St-Zip: SEBRING, FL 33875 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: REED, KIMBERLY B  
Address: 2745 TREASURE CAY LANE  
City-St-Zip: SEBRING, FL 33875

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.

SIGNATURE: ROBINAREED

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date