


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000142071 1. Entity Name W.B. LATHERS INC.	
--	---

Principal Place of Business 915 TURTLE POND WAY MELBOURNE, FL 32940	Mailing Address 915 TURTLE POND WAY MELBOURNE, FL 32940
---	---



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0220730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BAKER, WILLIAM A  
915 TURTLE POND WAY  
MELBOURNE, FL 32940

**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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE [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	BAKER, WILLIAM A
STREET ADDRESS	915 TURTLE POND WAY
CITY-ST- ZIP	MELBOURNE, FL 32940
TITLE	V
NAME	BAKER, ROBERT A JR.
STREET ADDRESS	915 TURTLE POND WAY
CITY-ST- ZIP	MELBOURNE, FL 32940
TITLE	ST
NAME	BAKER, VIVIAN
STREET ADDRESS	915 TURTLE POND WAY
CITY-ST- ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000394604  
01/26/06-80017-012 150.00

**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:** [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 1-16-06 Daytime Phone # 321-298-2034