


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 A
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

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM A 915 TURTLE POND WAY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, ROBERT A JR. 915 TURTLE POND WAY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, VIVIAN 915 TURTLE POND WAY MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: William A Baker 1-15-07 321-255-8957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #