

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000155587

1. Entity Name

WL ASSOCIATES, INC.



Principal Place of Business

3202 PALM HARBOR BLVD.
SUITE A
PALM HARBOR, FL 34683 US

Mailing Address

3202 PALM HARBOR BLVD.
SUITE A
PALM HARBOR, FL 34683 US



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0525696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRAY, PAUL
3202 PALM HARBOR BLVD.
SUITE A
PALM HARBOR, FL 34683

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME WRAY, PAUL
STREET ADDRESS 1410 WILLOW BROOK DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE STD
NAME LITTLE, MARCIA
STREET ADDRESS 2544 STILLWATER COURT
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D
NAME WRAY, LILA
STREET ADDRESS 1410 WILLOW BROOK DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000430991
02/23/06-80010-015 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marcia Little *Marcia W Little* 2/3/06 727-781-2462 x303