

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031486

Entity Name: WSC OF CENTRAL FLORIDA, INC.

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

3708 ORCHID DR.
HAINES CITY, FL 33844

New Principal Place of Business:

3708 ORCHID DRIVE
HAINES CITY, FL 33844

Current Mailing Address:

3708 ORCHID DR.
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROWE, SANDRA B
3708 ORCHID DR.
HAINES CITY, FL 33844 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: PRES Delete
Name: CROWE, WILLIAM H
Address: 3708 ORCHID DR.
City-St-Zip: HAINES CITY, FL 33844

Title: VP Delete
Name: CROWE, SANDRA B
Address: 3708 ORCHID DR.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: WILLIAM H CROWE

PRES

04/01/2005

Electronic Signature of Signing Officer or Director

Date