


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90038 015 ***150.00

DOCUMENT # P04000067173 1. Entity Name WRFC, CORP	
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Principal Place of Business 120 FLAGLER PLAZA DRIVE PALM COAST, FL 32137 US	Mailing Address 120 FLAGLER PLAZA DRIVE PALM COAST, FL 32137 US
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0898036	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 LAIBLE, JULIE 121 DUNDEE RD DAYTONA BEACH, FL 32118
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**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: Julie Laible E.A. Julie Laible E.A. 1/16/06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLPOYS, DOUGLAS J 9 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'REILLY, LAWRENCE P 5 CORONA COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOWKES, DERRICK 120 FLAGLER PLAZA DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Douglas J. Colpoys 386-431-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone