

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000068335**

1. Entity Name  
**WMB-ENCORE, INC.**



Principal Place of Business  
**18232 CLEAR LAKE DRIVE  
LUTZ, FL 33548**

Mailing Address  
**18232 CLEAR LAKE DRIVE  
LUTZ, FL 33548**



06302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2443678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MORRISON, THOMAS K  
1200 WEST PLATT STREET  
SUITE 100  
TAMPA, FL 33606**

**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 registering) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2006**

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	<b>D BALLOTTA, PETER 18232 CLEAR LAKE DRIVE LUTZ, FL 33548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, PETER 18232 CLEAR LAKE DRIVE LUTZ, FL 33548</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000567932  
07/05/06-80002-010 550.00

**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: *Peter Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/06 813-383-8086  
Date Daytime Phone #