

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068335

Entity Name: WMB-ENCORE, INC.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

18232 CLEAR LAKE DRIVE
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

18232 CLEAR LAKE DRIVE
LUTZ, FL 33548

New Mailing Address:

FEI Number: 52-2443678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, THOMAS K
1200 WEST PLATT STREET
SUITE 100
TAMPA, FL 33606 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: D () Delete
Name: BALLOTTA, PETER
Address: 18232 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: WILSON, PETER
Address: 18232 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, PETER
Address: 18232 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change () Addition
Name: WILSON, EILEEN
Address: 18232 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PETER WILSON

D

04/09/2007

Electronic Signature of Signing Officer or Director

Date