
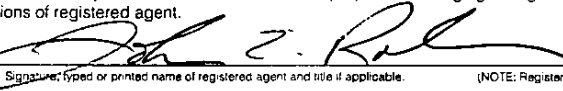
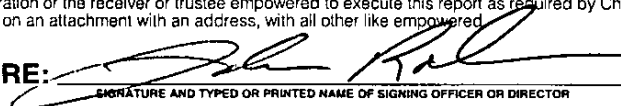


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90415 018 \*\*\*150.00

DOCUMENT # P04000112843					
1. Entity Name WUSTR, INC.					
Principal Place of Business 1700 SOUTH SAN PABLO BLVD. JACKSONVILLE, FL 32224			Mailing Address 1700 SOUTH SAN PABLO BLVD. JACKSONVILLE, FL 32224		
2. Principal Place of Business 9121 Atlantic BL.		3. Mailing Address 9838 old Baymeadows			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #94			
City & State Jacksonville, FL.		City & State Jacksonville, FL.		4. FEI Number 20-1441462	
Zip 32211	Country US	Zip 32256	Country U.S.	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RAULERSON, JOHN 1700 SOUTH SAN PABLO BLVD. JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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 				DATE 4-28-05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Raulerson 9838 old Baymeadows Rd #94 Jacksonville, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: 				DATE 4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				904 727-7124 Daytime Phone #	

14014283



04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-1441462

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

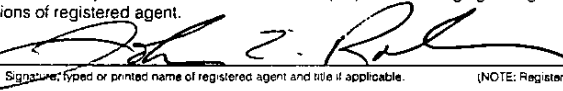
RAULERSON, JOHN  
1700 SOUTH SAN PABLO BLVD.  
JACKSONVILLE, FL 32224

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

FL Zip Code

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SIGNATURE



4-28-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP  
President  
John Raulerson  
9838 old Baymeadows Rd #94  
Jacksonville, FL 32256

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

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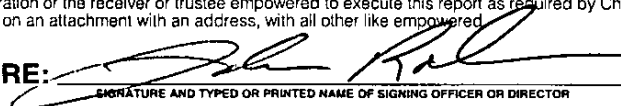
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Delete

TITLE  
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SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 904 727-7124

Date

Daytime Phone #