

DOCUMENT # P04000131492

1. Entity Name

WFL PROPERTIES, INC.



FILED
Feb 06, 2007 08:00 AM
Secretary of State



Principal Place of Business

6421 PARK RD.
FT. MYERS FL 33908

Mailing Address

6421 PARK RD.
FT. MYERS FL 33908

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 42-1644886

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAPLANTE, WILLIAM F II
 6421 PARK RD.
 FT. MYERS FL 34119

Name

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

City

FL

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
 NAME LAPLANTE, WILLIAM F II
 STREET ADDRESS 6421 PARK RD.
 CITY-STATE-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE VP
 NAME LAPLANTE, WILLIAM F III
 STREET ADDRESS 6421 PARK RD.
 CITY-STATE-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition
 000000624481
 02/14/07-80035-003 158.75

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-STATE-ZIP ☐ Change ☐ Addition

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 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William F. Laplante II

1-28-07 (239) 652-1010