2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# P04000136437

Entity Name: WFR ASSOCIATES, INC.

Current Principal Place of Business:

25711 LAKE AMELIA WAY UNIT 204
BONITA SPRINGS, FL 341353849

New Principal Place of Business:

Current Mailing Address:

25711 LAKE AMELIA WAY UNIT 204
BONITA SPRINGS, FL 341353849

New Mailing Address:

FEI Number: 20-1714831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSSE, STEPHAN
25711 LAKE AMELIA WAY UNIT 204
BONITA SPRINGS, FL 341353849 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: DPS ( ) Delete
Name: BUSSE, STEPHEN
Address: 25711 LAKE AMELIA WAY UNIT 204
City-St-Zip: BONITA SPRINGS, FL 341353849

Title: T ( ) Delete
Name: DELANA, NANCY A
Address: 25711 LAKE AMELIA WAY UNIT 204
City-St-Zip: BONITA SPRINGS, FL 341353849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: BUSSE, STEPHAN
Address: 25711 LAKE AMELIA WAY UNIT 204
City-St-Zip: BONITA SPRINGS, FL 341353849

Title: T (X) Change ( ) Addition
Name: DELENA, NANCY A
Address: 25711 LAKE AMELIA WAY UNIT 204
City-St-Zip: BONITA SPRINGS, FL 341353849

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHAN BUSSE DPS 03/05/2005
Electronic Signature of Signing Officer or Director Date