

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90196 030 ***150.00

DOCUMENT # P05000057701

1. Entity Name
WLW ENTERPRISES, INC.



Principal Place of Business
3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224

Mailing Address
3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224

60030345



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3277477

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCIER, LEE F.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE, FL 32202

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WRIGHT, JAMES A.
STREET ADDRESS 3826 BIGGIN CHURCH ROAD W.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D ☐ Delete
NAME WRIGHT, MARY ANN
STREET ADDRESS 3826 BIGGIN CHURCH ROAD W.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D ☐ Delete
NAME WRIGHT, BRIAN
STREET ADDRESS 12826 CEDAR BROOK CT.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D ☐ Delete
NAME WRIGHT, SANDRA
STREET ADDRESS 12826 CEDAR BROOK CT.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D ☐ Delete
NAME LAROCCA, TRACY W.
STREET ADDRESS 10605 QUAIL RIDGE DR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

TITLE D ☒ Delete
NAME LAROCCA, ROBERT A.
STREET ADDRESS 10605 QUAIL RIDGE DR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE E V P ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Wright

Date

Daytime Phone #

4-26-06 904/992-9219