

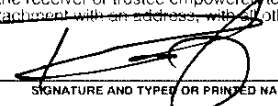


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90157 023 ***150.00

DOCUMENT # P05000093826 1. Entity Name WFC CORPORATION					
Principal Place of Business 3316 INDIAN TRAIL EUSTIS, FL 32726			Mailing Address 3316 INDIAN TRAIL EUSTIS, FL 32726		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 04282006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> 4. FEI Number 20-3276679 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P. 907 WEBSTER ST. LEESBURG, FL 34748				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, ROBERT		NAME		
STREET ADDRESS	3316 INDIAN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	VPST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRILL, KEN		NAME		
STREET ADDRESS	288 BENT OAK		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 or other like empowered.					
SIGNATURE: 			Robert L. Morris Jr 4/28/06 352-409-5400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		