

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2007 8:00 am
Secretary of State

06-15-2007 90021 042 ***158.75

DOCUMENT # P05000162803

1. Entity Name
WICC OF C.C., INC.



Principal Place of Business
2122 SW 48 TER
CAPE CORAL, FL 33914 US

Mailing Address
2221 SW 43RD LANE
CAPE CORAL, FL 33914 US

66013331



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0261653

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LITTERER, SIGNED
2221 SW 43RD LANE
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE: _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERNST WILLIAM
STREET ADDRESS	CAPE CORAL, FL 33914 2122 SW 48 TER
CITY- ST- ZIP	
TITLE	VIC.
NAME	VIVIAN WILLIAM
STREET ADDRESS	CAPE CORAL FL 33914 2122 SW 48 TER
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 to my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #