

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000004123

1. Entity Name  
WP MGT GROUP CO.



Principal Place of Business  
1768 PK CENTER DR STE 400  
ORLANDO, FL 32835

Mailing Address  
1768 PK CENTER DR STE 400  
ORLANDO, FL 32835

FILED

08 MAY -2 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-4000148

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

WHWW, INC.  
390 N ORANGE AVE STE 1500  
ORLANDO, FL 32801

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

400128283034

05/02/08--01003--005 \*\*\$6175.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TOWNSEND, DAVID  
1768 PK CENTER DR STE 400  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
TOWNSEND, DAVID J  
1768 PARK CENTER DR STE 400  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
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

25/6

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J. Townsend President 4/25/08