

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029537

Entity Name: WB REALTY SERVICES, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

2248 FIRST STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1822
ARCADIA, FL 34265

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINESETT, RICHARD W
2248 FIRST STREET
FORT MYERS, FL 33901 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: DPT () Delete
Name: FLOOD, BARRY A
Address: 4306 OAK HILL CEMETERY ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DVS () Delete
Name: FORD, WINIFRED P
Address: 4306 OAK HILL CEMETERY ROAD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FLOOD, BARRY A
Address: POB 1822
City-St-Zip: ARCADIA, FL 34265

Title: DVS (X) Change () Addition
Name: FORD, WINIFRED T
Address: POB 1822
City-St-Zip: ARCADIA, FL 34265

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARRY A. FLOOD

DPT

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date