## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 24, 2008 08:00 AF **DOCUMENT # P06000040333 Secretary of State** 1. Entity Name WR & ASSOCIATES INC Principal Place of Business Mailing Address 2598 SW RIVER SHORE DRIVE 2598 SW RIVER SHORE DRIVE PORT SAINT LUCIE, FL 34984 PORT SAINT LUCIE, FL 34984 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-4527500 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITTENHOUSE, WATSON DO NOT WRITE 2598 SW RIVER SHORE DRIVE PORT SAINT LUCIE, FL 34984 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE RITTENHOUSE, WATSON NAME 2598 SW RIVER SHORE DRIVE STREET ADDRESS PORT SAINT LUCIE, FL 34984 CITY-ST-ZIP mle 000000794506 01/28/08-80010-019 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing doce 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 wi

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

-18-08

Daytime Phone #