

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90017 038 \*\*\*150.00

DOCUMENT # P06000095163			
1. Entity Name WC SERVICE COMPANY			
Principal Place of Business 628 SOUTH MARION STREET LAKE CITY, FL 32055		Mailing Address POST OFFICE BOX 3268 LAKE CITY, FL 32056	
2. Principal Place of Business - No P.O. Box # 368 So. MARION ST		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State	
Zip 32025	Country Columbia	Zip	Country
6. Name and Address of Current Registered Agent WATERS, CECILIA J 190 NW CECILEY PL. LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name CECILIA J WATERS Street Address (P.O. Box Number is Not Acceptable) 176 NW CECILEY PL City LAKE CITY FL Zip Code 32055	
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: <i>Cecilia J. Waters</i> DATE: 4/30/07 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PVST WATSON, KATHLEEN ANN 22497 41ST DR. LAKE CITY, FL 320242819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: <i>Kathleen Ann Watson</i>		DATE: 4/30/07	DAYTIME PHONE #: 386-752-2614
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	<small>DAYTIME PHONE #</small>