


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P06000095163</b> 1. Entity Name <b>WC SERVICE COMPANY</b>																													
Principal Place of Business <b>628 SOUTH MARION STREET LAKE CITY, FL 32055</b>			Mailing Address <b>POST OFFICE BOX 3268 LAKE CITY, FL 32056</b>																										
2. Principal Place of Business - No P.O. Box # <b>368 So. Marion St</b>		3. Mailing Address <b>SAME</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>LAKE CITY, FL</b>		City & State 		4. FEI Number <b>56-2346173</b>																									
Zip <b>32025</b>		Country <b>Columbia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>WATERS, CECILIA J 190 NW CECILEY PL. LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent Name <b>CECILIA J WATERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>176 NW CECILEY PL</b> City <b>LAKE CITY</b> <b>FL</b> Zip Code <b>32055</b>																										
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: <u><i>Cecilia J. Waters</i></u> <span style="float: right;">4/30/07</span> <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"/> <b>\$5.00 May Be Added to Fees</b>																											
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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: <u><i>Kathleen Ann Watson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/30/07 386-752-2614 <small>Date Daytime Phone #</small>																									