2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

					Ty UI State	,	
DOCUMENT # P07000032014 1. Entity Name WRD FLORIDA, INC.				<u>. </u>	00029 031 ***158.75		
Principal Place of Br	usiness	Mailing Address		· :=			
3461 BONITA BAY	BOULEVARD A BAY EXECUTIVE CENTER	3461 BONITA BAY BOU SUITE 202, BONITA BA' BONITA SPRINGS, FL 3	Y EXECUTIVE CENTE		# 60100 11110 11101 8010 11011 012100 0 11	11	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	X Applied F Not Applie		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	-	
b. —	Name and Address of Current	Registered Agent	Name	7. Name and Address of New R	egistered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)			
			City		Zip Code		
					<u> </u>		
		r the purpose of changing its	registered office or re	egistered agent, or both, in the State of Flo	rida. I am familiar with, and ac	cept	
the obligations o	f registered agent.						
SIGNATURE						_	
Signatu	ire, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	required when reinstating)	DATE		
FILE NO After May 1.							
, , , , , , , , , , , , , , , , , , ,	W!!! FEE IS \$150.00 , 2008 Fee will be \$550.	9. Election Campai Trust Fund Contr	• • –	\$5.00 May Be Added to Fees		•	
10.	OW!!! FEE IS \$150.00 , 2008 Fee will be \$550.	Trust Fund Contr	ibution.	Added to Fees ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11		
	, 2008 Fee will be \$550.	Trust Fund Contr	TILE MAME STREET ADDRESS 2	Added to Fees ADDITIONS/CHANGES TO OFF CRM/CEO COULOMBE, Paul G. 6135 Fawnwood Court	ICERS AND DIRECTORS IN 11 ☐ Change 🛛 🙀 Ad		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 2008 Fee will be \$550.	Trust Fund Contr	11. TITLE M NAME STREET ADDRESS CITY-ST-ZIP B	Added to Fees ADDITIONS/CHANGES TO OFFI CRM/CEO COULOMBE, Paul G. 6135 Fawnwood Court Conita Springs FL. 34134	□ Change 😡 Ac	ddition	
10. TITLE NAME STREET ADDRESS	, 2008 Fee will be \$550.	DIRECTORS	TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 2	ADDITIONS/CHANGES TO OFFI ICRM/CEO coulombe, Paul G. 6135 Fawnwood Court conita Springs FL, 34134 00/CFO cyczynski, John M. Fowler Farm Road		ddition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	, 2008 Fee will be \$550.	Trust Fund Contr	TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 2	Added to Fees ADDITIONS/CHANGES TO OFFI GRM/CEO oulombe, Paul G. 6135 Fawnwood Court onita Springs FL, 34134 00/CFO yczynski, John M.	☐ Change 😡 Ad	ddition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 2008 Fee will be \$550.	DIRECTORS Delete Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFI ICRM/CEO coulombe, Paul G. 6135 Fawnwood Court conita Springs FL, 34134 00/CFO cyczynski, John M. Fowler Farm Road	☐ Change	ddition ddition	
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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:

CITY-ST-ZIP

SIGNATURE;

IRE AND TYPES OR PRINT D NAME OF SIGNING OFFICER OR DIRECTOR

(207)783-1433

Daytime Phone #