


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000002567
1. Entity Name
W-B INVESTMENTS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
221 E. STUART AVENUE P.O. BOX 482
LAKE WALES, FL 33853 US LAKE WALES, FL 33859 US

DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3223965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, JOSEPH E
221 E. STUART AVENUE
LAKE WALES, FL 33853

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, JOSEPH E P.O. BOX 482 N/A LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANNEN, GERALD A P.O. BOX 482 N/A LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEBB, JOSEPH E. P.O. BOX 482 N/A LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  4/4/05 863-626-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #