

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 050 ***150.00



DOCUMENT# P94000087950
 1. Entity Name
W P ENTERPRISES OF KEY WEST, INC.

Principal Place of Business
 3716 PEARLMAN TERR
 KEY WEST FL 33040-4223

Mailing Address
 3716 PEARLMAN TERR
 KEY WEST FL 33040-4223



2. Principal Place of Business - No P.O. Box #
723 Sw Lemmon Hill Dr.

3. Mailing Address
723 Sw Lemmon Hill Dr.

Suite, Apt. #, etc.
Dunnellon, FL

City & State
34431 USA

Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **65-0537963** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, WAYNE N
3716 PEARLMAN TERR
KEY WEST FL 33040-4223

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
723 Sw Lemmon Hill Dr.
Dunnellon
 City **FL** Zip Code **34431**

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 *Wayne N Brown* **President** **WAYNE N. BROWN** **3/19/2007**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> Delete
NAME BROWN, WAYNE N	
STREET ADDRESS 3716 PEARLMAN TERR	
CITY ST ZIP KEY WEST FL 33040-4223	
TITLE VS	<input checked="" type="checkbox"/> Delete
NAME BROWN, PEGGY LEE P	
STREET ADDRESS 3716 PEARLMAN TERR	
CITY ST ZIP KEY WEST FL 33040-4223	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 723 Sw Lemmon Hill Dr.	
CITY ST ZIP Dunnellon, FL 34431	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wayne N Brown* **3/19/2007** **352-522-1185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #