

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000025721

Entity Name: WBCP, INC.

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5760 SHIRLEY STREET  
#21  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

682 95TH AVENUE NORTH  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 59-3438391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERGQUIST, KATHRYN  
682 95TH AVENUE NORTH  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERGQUIST, WAYNE  
Address: 682 95TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete  
Name: BERGQUIST, KATHRYN  
Address: 682 95TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: BERGQUIST, MICHAEL  
Address: 682 95TH AVE N  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN BERGQUIST

VP

03/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date