
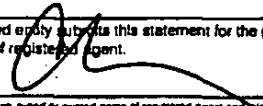
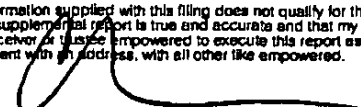


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-07-2005 90003 016 ***150.00
07-29-2005 90011 015 ***400.00

DOCUMENT # P97000061956			
1. Entity Name W.G.B., INC.			
Principal Place of Business 445 NORTHEAST EIGHTH AVENUE OCALA, FL 34470		Mailing Address 445 NORTHEAST EIGHTH AVENUE OCALA, FL 34470	
2. Principal Place of Business		3. Mailing Address 2603 SE 17th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE A	
City & State		City & State OCALA FL	
Zip	Country	Zip	Country
34471		34471	MARION
4. FEI Number 59-3460416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 445 NORTHEAST EIGHTH AVENUE OCALA, FL 34470		7. Name and Address of New Registered Agent Name WIECHENS, CHRISTOPHER S. Street Address (P.O. Box Number is Not Acceptable) 2603 SE 17th ST SUITE A City OCALA FL 34471	
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  DATE 7/1/05 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agents signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECHENS, CHRISTOPHER S 445 NORTHEAST EIGHTH AVENUE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECHENS, CHRISTOPHER S 2603 SE 17th ST, SUITE A OCALA FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		7/1/05 Daytime Phone #	