## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Jan 12, 2006 08:00 AM DOCUMENT # P97000061956 **Secretary of State** 1. Entity Name W.G.B., INC. Mailing Address Principal Place of Business 445 NORTHEAST EIGHTH AVENUE 2603 SE 17TH STREET OCALA, FL 34470 SUITE A OCALA, FL 34471 CR2E034 (11/05) No Cha-P 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3460416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WECHENS, CHRISTOPHER S DO NOT WRITE 2603 SE17TH ST SUITE A IN THIS SPACE OCALA, FL 34471 5. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 //n0n00383598 <u>/13/06-80007-</u>ni Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE WIECHENS, CHRISTOPHER S MALLE STREET ADDRESS 2603 SE 17TH STREET, SUITE A CSTY-ST-ZIP OCALA, FL 34471 MIF NAME STREET ADDRESS CTY-51-28 MARK STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE MILLER STREET ADDRESS CITY-ST-ZP 1333 E STREET ADDRESS CITY-ST-ZIP MLE HAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 807, 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.

TURE AND TYPED OR PRINTED NAME OF EXHAUS OFFICER OR DIRECTOR