

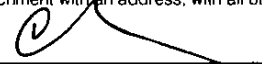


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 016 ***150.00

DOCUMENT # P97000061956					
1. Entity Name W.G.B., INC.					
Principal Place of Business 445 NORTHEAST EIGHTH AVENUE OCALA, FL 34470			Mailing Address 2603 SE 17TH STREET SUITE A OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue		3. Mailing Address 2201 SE 30th Avenue			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201		01072008 Chg-P CR2E034 (12/06)	
City & State Ocala FL		City & State Ocala FL		4. FEI Number 59-3460416	
Zip 34471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 2603 SE 17TH ST SUITE A OCALA, FL 34471			7. Name and Address of New Registered Agent Name: <u>Wiechens, Christopher S</u> Street Address (P.O. Box Number is Not Acceptable): <u>2201 SE 30th Avenue</u> Suite <u>201</u> City: <u>Ocala</u> FL Zip Code: <u>34471</u>		
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: 		<u>Christopher S. Wiechens</u>		<u>1/8/08</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECHENS, CHRISTOPHER S 2603 SE 17TH STREET, SUITE A OCALA, FL 34471	<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				
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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 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 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: 		<u>Christopher S. Wiechens</u>		<u>1/8/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	