

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P97000074004

1. Entity Name
W.C.C. INTERESTS, INC.



Principal Place of Business
8951 BONITA BEACH RD
STE 525-314
BONITA SPRINGS, FL 34135

Mailing Address
40 FM 1960 WEST
PMB 314
HOUSTON, TX 77090

2. Principal Place of Business

16877 E. Colonial Dr

3. Mailing Address

16877 E. Colonial Dr

Suite, Apt. #, etc.

Suite 331

Suite, Apt. #, etc.

Suite 331

City & State

Orlando, FL

City & State

Orlando, FL

Zip 32820-1910

Country US

Zip 32820-1910

Country US

6. Name and Address of Current Registered Agent

COCHRAN, WILLIAM C
702 BUCKNER AVE.
EVERGLADES CITY, FL 34139

Name

WC Cochran

Street Address (P.O. Box Number is Not Acceptable)

16877 E. Colonial Dr

Suite

331

City

Orlando

FL

Zip Code 32820-1910

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

WC Cochran

11-18-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, WILLIAM C		NAME	
STREET ADDRESS	8951 BONITA BEACH RD, STE 525-314		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, CHARLOTTE		NAME	
STREET ADDRESS	8951 BONITA BEACH RD, STE 525-314		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISCONTI, LAWRENCE B		NAME	
STREET ADDRESS	8951 BONITA BEACH RD, STE 525-314		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

WC Cochran

11/18/04

239-596-0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #