


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000074004		
1. Entity Name W.C.C. INTERESTS, INC.		

FILED

04 NOV 30 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



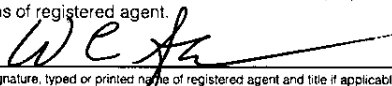
Principal Place of Business 8951 BONITA BEACH RD STE 525-314 BONITA SPRINGS, FL 34135	Mailing Address 40 FM 1960 WEST PMB 314 HOUSTON, TX 77090
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2. Principal Place of Business 16877 E. Colonial Dr Suite, Apt. #, etc. Suite-331	3. Mailing Address 16877 E. Colonial Dr Suite, Apt. #, etc. Suite-331
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City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3712968	Applied For Not Applicable
Zip 32820-1910	Country US	Zip 32820-1910	Country US

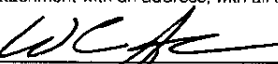
11162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent COCHRAN, WILLIAM C 702 BUCKNER AVE. EVERGLADES CITY, FL 34139		7. Name and Address of New Registered Agent 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	
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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  Signature, typed or printed name of registered agent and title if applicable.	WC Cochran (NOTE: Registered Agent signature required when reinstating)	11-18-04 DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCHRAN, WILLIAM C 8951 BONITA BEACH RD, STE 525-314 BONITA SPRINGS, FL 34135 <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	S COCHRAN, CHARLOTTE 8951 BONITA BEACH RD, STE 525-314 BONITA SPRINGS, FL 34135 <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	VP VISCONTI, LAWRENCE B 8951 BONITA BEACH RD, STE 525-314 BONITA SPRINGS, FL 34135 <input checked="" 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	WC Cochran	11/18/04 Date	239-596-0592 Daytime Phone #