

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000084472 1. Entity Name WCC/FL/02, INC.	
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Principal Place of Business 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487	Mailing Address 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0785293	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BULFIN, JOHN J 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487
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**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZOLEY, GEORGE C 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CALABRESE, WAYNE H 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATS WATSON, DAVID NT 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V O'ROURKE, JOHN G 621 NW 53RD STREET, STE 700 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BULFIN, JOHN J 621 NW 53RD STREET, STE 700 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000554841
05/16/06-80008-021 150.00

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DAVID N.T. WATSON Treasurer & VP, Finance The GEO Group, Inc.	4-28-06 501-999-7427 Date Daytime Phone
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