

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102475

Entity Name: WGM TEAM, INC.

FILED  
Mar 28, 2006  
Secretary of State

## Current Principal Place of Business:

685 CROSSFIELD CIRCLE  
NAPLES, FL 34104 US

## New Principal Place of Business:

325 DOVER PLACE  
104  
NAPLES, FL 34104 US

## Current Mailing Address:

P.O. BOX 413005  
SUITE 312  
NAPLES, FL 34101 US

## New Mailing Address:

P.O. BOX 413005  
PMB 312  
NAPLES, FL 34101 US

FEI Number: 59-3506610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESICK, WILLIAM G  
8479 GLENEAGLE WAY  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

MESICK, WILLIAM G  
325 DOVER PLACE  
104  
NAPLES, FL 34104 US

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.

SIGNATURE: WILLIAM G MESICK

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MESICK, WILLIAM G  
Address: 685 CROSSFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete  
Name: MESICK, TROY W  
Address: 685 CROSSFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: STD ( ) Delete  
Name: MESICK, JEAN W  
Address: 685 CROSSFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MESICK, WILLIAM G  
Address: 325 DOVER PLACE #104  
City-St-Zip: NAPLES, FL 34104 US

Title: VD (X) Change ( ) Addition  
Name: MESICK, TROY W  
Address: 325 DOVER PLACE #104  
City-St-Zip: NAPLES, FL 34104 US

Title: STD (X) Change ( ) Addition  
Name: MESICK, JEAN W  
Address: 325 DOVER PLACE #104  
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G MESICK

PD

03/28/2006

Electronic Signature of Signing Officer or Director

Date