


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P98000011975 1. Entity Name W.C.P., INC.		
Principal Place of Business 810 CAXAMBAS DRIVE MARCO ISLAND FL 34145		Mailing Address 810 CAXAMBAS DRIVE MARCO ISLAND FL 34145
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0311326
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent HAUSLER, GARY J 950 N COLLIER BLVD, STE 202 MARCO ISLAND FL 34145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	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	D <input type="checkbox"/> Delete BOENING, NORMAN H	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	810 CAXAMBAS DRIVE	STREET ADDRESS	U00000452101
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	03/11/06-80013-010 150.00
TITLE	D <input type="checkbox"/> Delete BOENING, LESLIE B	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	810 CAXAMBAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BOENING, WILLIAM F	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	810 CAXAMBAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BOENING, JASON T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	810 CAXAMBAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemptions contained in Section 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: Norman H Boening **NORMAN H BOENING** 2/27/06 ²³⁹ 6421122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #