

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025784

Entity Name: WLL, INC.

FILED  
Apr 12, 2005  
Secretary of State

## Current Principal Place of Business:

284 PARK AVE N  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

## Current Mailing Address:

C/O NED MCLEOD  
PO BOX 917412  
LONGWOOD, FL 32791 US

## New Mailing Address:

FEI Number: 59-3509176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCLEOD, W. EDWARD ESQ.  
284 PARK AVE N  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LARIMORE, WALT M.D.  
Address: 8605 EXPLORER DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: VP ( ) Delete  
Name: MCLEOD, EDWARD W  
Address: 284 PARK AVENUE N  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: LARIMORE, BARBARA S  
Address: 8605 EXPLORER DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LARIMORE, WALT M.D.  
Address: 18990 CONNEMARA HEIGHTS  
City-St-Zip: MONUMENT, CO 80132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LARIMORE, BARBARA S  
Address: 18990 CONNEMARA HEIGHTS  
City-St-Zip: MONUMENT, CO 80132

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER L. LARIMORE, MD (ELECTRONIC SIGNATU

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

Date