

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000036561

1. Entity Name
WCS INVESTMENTS, INC.



Principal Place of Business
2664 NORTH DIXIE HIGHWAY
WILTON MANORS, FL 33334

Mailing Address
P.O. BOX 23910
FORT LAUDERDALE, FL 33307



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0845042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEEM, CURTIS
2664 NORTH DIXIE HIGHWAY
WILTON MANORS, FL 33334

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000299591
04/11/05-80113-016 50.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEEM, CURTIS
STREET ADDRESS 2664 NORTH DIXIE HWY
CITY-ST-ZIP WILTON MANORS, FL 33334

TITLE D
NAME DEEM, MARILYN
STREET ADDRESS 2664 NORTH DIXIE HWY
CITY-ST-ZIP WILTON MANORS, FL 33334

TITLE D
NAME SILLIMAN, STEVEN M
STREET ADDRESS 2664 NORTH DIXIE HWY
CITY-ST-ZIP WILTON MANORS, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #