


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 006 ***150.00

DOCUMENT # P99000080946
 1. Entity Name
 WPV APCO, INC.



Principal Place of Business 520 N ORLANDO AVE #200 WINTER PARK, FL 32789	Mailing Address 520 N ORLANDO AVE #200 WINTER PARK, FL 32789
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50020295



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOSTER, JEFFREY R
 520 N ORLANDO AVE
 #200
 WINTER PARK, FL 32789

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: *Jeffrey R Doster* DATE: 1/16/05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEDY, WILLIAM P
STREET ADDRESS	520 N ORLANDO AVE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	KOVAR, ERIC F
STREET ADDRESS	520 N ORLANDO AVE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DPT
NAME	GRIGGS, STEPHEN R
STREET ADDRESS	520 N ORLANDO AVE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DS
NAME	DOSTER, JEFFREY R
STREET ADDRESS	520 N ORLANDO AVE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

PAID

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: *Jeffrey R Doster* DATE: 1/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR