

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21139

Entity Name: W.D.A. CORPORATION, INC.

FILED
Sep 08, 2007
Secretary of State

Current Principal Place of Business:

1101 SPRING STREET
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P O BOX 3336
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-3042808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DORETHA YVONNE
1101 SPRING STREET
PLANT CITY, FL 33566 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: DPT () Delete
Name: ADAMS, DORETHA YVONN, E
Address: 1101 SPRING STREET
City-St-Zip: PLANT CITY, FL

Title: V () Delete
Name: ADAMS, WILLIAM GREGO, RY
Address: 1101 SPRING STREET
City-St-Zip: PLANT CITY, FL

Title: S () Delete
Name: ADAMS, YOLONDA WILAN, N
Address: 1101 SPRING STREET
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DORETHA Y ADAMS

DPT

09/08/2007

Electronic Signature of Signing Officer or Director

_____ Date