

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 029 ***150.00

DOCUMENT # S55049 1. Entity Name WSC CONSULTING, INC.					
Principal Place of Business 3442 MANILLA DR SPRING HILL, FL 34607-1015 US			Mailing Address 3442 MANILLA DR SPRING HILL, FL 34607-1015 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3069924			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHARNOCK, WILLIAM T. III 5358 SPRING HILL DR SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name: <u>COPE, WILLIAM S.</u> Street Address (P.O. Box Number is Not Acceptable): <u>3442 MANILLA DRIVE</u> City: <u>SPRING HILL</u> FL Zip Code: <u>34607</u>		
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: <u>William S. Cope - President</u> DATE: <u>10 AUG '04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, MARY A. 3442 MANILLA DR SPRING HILL, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, JOHN A. 12122 CORTEZ BLVD BROOKSVILLE, FL 34613	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPE, WILLIAM S. 3442 MANILLA DR SPRING HILL, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPE, ARNOLD S. 4834 HENRI JULIEN MONTREAL, PQ H2T 2E1 CANADA	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition
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: <u>William S. Cope</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>10 AUG '04</u> Daytime Phone #		

66433768



Attachment

66433768

WSC CONSULTING INC

FACILITATION, INNOVATION & TEAMBUILDING

14 September 2004

DIVISION OF CORPORATIONS

P.O. Box 1500

Tallahassee FL 32302-11500

Ref # S55049

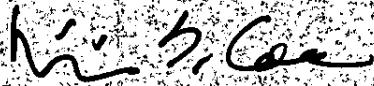
Sir or Madam:

I am returning the corrected report & your letter of 18 Aug '04 and am requesting you waive the \$400.00 late fee for the following reasons:

1. I never received your first notice. I am in a very rural part of Florida and several times per year, I do not receive a piece of mail - a check, letter, bill. Or in this case, your notice. If you will check, in the past I have always paid the fee promptly after receiving your notice.
2. When I went to your web site to download the report form as your second notice suggested, the site asked me if I had received the first notice. I told it no and it came back saying there would be no late fee if I paid the report fee before some date in September which I did.

I appreciate your consideration of this matter.

Sincerely,



William S. Cope
President

WSC/dtl

Encl.