


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90211 035 ***150.00

DOCUMENT # S79867					
1. Entry Name WIG PROPERTIES, INC.					
Principal Place of Business 26 ST PETER BLVD YULEE, FL 32097			Mailing Address P.O. BOX 1436 YULEE, FL 32041		
2. Principal Place of Business 86058 ST. PETER BLVD.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State YULEE FL		City & State		4. FEI Number 59-3083618	
Zip 32097		Country NASSAU		Applied For Not Applicable	
Zip 32097		Country NASSAU		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUESS, WILLIAM IJON 26 ST PETER BLVD YULEE, FL 32097			7. Name and Address of New Registered Agent		
			Name PATRICIA A. RUEBUSH		
			Street Address (P.O. Box Number is Not Acceptable) 86058 ST. PETER BLVD.		
			City YULEE		FL
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><i>Patricia A. Ruebush</i></u> PATRICIA A. RUEBUSH				DATE 4-25-05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust: Fund Contribution. <input type="checkbox"/> \$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 GUESS, WILLIAM IJON 3462 CRANDALL ROAD YULEE, FL 32097	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIA A. RUEBUSH 86058 ST. PETER BLVD. YULEE FL 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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><i>Patricia A. Ruebush</i></u> PATRICIA A. RUEBUSH				DATE 4/25/05 (904)225-7321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	