

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41816

Entity Name: W-C PROPERTIES, INC.

FILED  
Jan 28, 2011  
Secretary of State

**Current Principal Place of Business:**

943 CONTENTO ST  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15021  
SARASOTA, FL 34277

**New Mailing Address:**

FEI Number: 59-3149016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAMBLE, ROBERT L  
943 CONTENTO STREET  
SARASOTA, FL 34242 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

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: GAMBLE, SHIRLEY K  
Address: P.O. BOX 15021 - NA  
City-St-Zip: SARASOTA, FL

Title: PD  
Name: GAMBLE, ROBERT L  
Address: P.O. BOX 15021 - NA  
City-St-Zip: SARASOTA, FL

Title: D  
Name: GAMBLE, GREGORY A  
Address: P O BOX 15021  
City-St-Zip: SARASOTA, FL 34277

Title: D  
Name: GAMBLE, DOROTHY G  
Address: P.O. BOX 15021  
City-St-Zip: SARASOTA, FL 34277

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY K GAMBLE

DST

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date