

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 29, 2009  
Secretary of State

DOCUMENT# N01000001796

Entity Name: WIT-NEST, INC.

**Current Principal Place of Business:**

1329 GINSBERG DRIVE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10081  
DAYTONA BEACH, FL 32120

**New Mailing Address:**

FEI Number: 59-3704647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STAFFORD, INEZ  
1048 AUDRY DR.  
DAYTONA BCH, FL 32117 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: D ( ) Delete  
Name: STAFFORD, INEZ  
Address: 1048 AUDRY DR.  
City-St-Zip: DAYTONA BCH, FL 32117

Title: D ( ) Delete  
Name: COURTNEY, BRENDA  
Address: 1417 MOLLIE RD.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: CADETTE, PATRICIA  
Address: 1476 VINE ST.  
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete  
Name: BROCKINGTON, BARBARA  
Address: 734 FLANDERS  
City-St-Zip: DAYTONA BCH, FL 32114

**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:

Title: D (X) Change ( ) Addition  
Name: BROCKINGTON, BARBARA  
Address: 1048 AUDRY DRIVE  
City-St-Zip: DAYTONA BCH, FL 32117

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INEZ C. STAFFORD

D

06/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date