## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000138219

MORRIS, ALBERT E

9745 MACARTHUR CT. S.

JACKSONVILLE, FL 32246

Name:

Address:

City-St-Zip:

Entity Name: WERSORGER, INC

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11686 JACOB LOIS CT JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** P.O. BOX 26075 11686 JACOB LOIS CT JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32218 FEI Number: 20-1738229 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, ROBERT L MR 11686 JACOB LOIS CT JACKSONVILLE, FL 32218 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MITCHELL, ROBERT L Name: Name: 11686 JACOB LOIS CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: DIR Title: () Delete () Change () Addition Name: HALL. KEVIN L Name: 1612 SHEARWATER DR Address: Address: JACKSONVILLE, FL 32218 City-St-Zip: City-St-Zip: Title: Title: DIR () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L MITCHELL DIR 04/29/2008