

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005448

FILED  
May 01, 2009  
Secretary of State

Entity Name: WITNESS RESOURCES, INC.

**Current Principal Place of Business:**

200 INDUSTRIAL DRIVE  
BOX 2  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

200 INDUSTRIAL DRIVE  
BOX 2  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 65-0651867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BOULEVARD  
1600 MIAMI CENTER  
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BAUDOIN, HUBERT  
Address: 200 INDUSTRIAL DR  
City-St-Zip: ISLAMORADA, FL

Title: VPS ( ) Delete  
Name: PRIBYL, DEBRA  
Address: 130 PALM LANE  
City-St-Zip: ISLAMORADA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PRIBYL, DEBRA

VP

05/01/2009

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

\_\_\_\_\_ Date