

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041224

Entity Name: WCSJR V CORPORATION

FILED  
Jan 13, 2008  
Secretary of State

## Current Principal Place of Business:

C/O ELWOOD B. DAVIS, N.E. FINANCIAL SER.  
P.O. BOX 2630  
WESTPORT, CT 06880

## Current Mailing Address:

C/O ELWOOD B. DAVIS, N.E. FINANCIAL SER.  
P.O. BOX 2630  
WESTPORT, CT 06880

FEI Number: 59-3573941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

C/O ELWOOD B. DAVIS, N.E. FINANCIAL CONS  
244 SAUGATUCK AVE  
WESTPORT, CT 06880

## New Mailing Address:

C/O ELWOOD B. DAVIS, N.E. FINANCIAL CONS  
P.O. BOX 2630  
WESTPORT, CT 06880

## Name and Address of Current Registered Agent:

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STEERE, WILLIAM C JR.  
Address: 27471 HARBOR COVE COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: DAVIS, ELWOOD B  
Address: P.O. BOX 2630  
City-St-Zip: WESTPORT, CT 06880

## 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: ELWOOD B DAVIS

D

01/13/2008

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

\_\_\_\_\_  
Date