

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041224

FILED
Feb 11, 2009
Secretary of State

Entity Name: WCSJR V CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3573941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date