


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000198**

1. Entity Name  
**R.C. WERSTED, INC.**



Principal Place of Business  
**925 HAMPTON RD  
ARCADIA, CA 91006**

Mailing Address  
**32905 SE 44 ST  
FALL CITY, WA 98024**

**DO NOT WRITE IN THIS SPACE**



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**94-1450429**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**1100000403463  
03/21/06 80079-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTCD
NAME	WERSTED, ROBERT C
STREET ADDRESS	925 HAMPTON RD
CITY-ST-ZIP	ARCADIA, CA 91006
TITLE	SD
NAME	KNORR, MARILYN
STREET ADDRESS	7339 HUNTINGTON SQ LANE 109
CITY-ST-ZIP	CITRUS HEIGHTS, CA 95621
TITLE	VD
NAME	KELLEY, JUDITH C
STREET ADDRESS	33905 SE 44 ST
CITY-ST-ZIP	FALL CITY, WA 98024
TITLE	AS
NAME	OLIFF, JAY R
STREET ADDRESS	2021 THE ALMEDA STE 110
CITY-ST-ZIP	SAN JOSE, CA 95126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Judith C. Kelley **JUDITH C. KELLEY, V.P.** **2-1-06 4258900739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #