


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 29, 2008 8:00 am  
Secretary of State

04-29-2008 90085 009 \*\*\*150.00

<b>DOCUMENT # 217838</b>			
1. Entity Name <b>THE WACKENHUT CORPORATION</b>			
Principal Place of Business <b>4200 WACKENHUT DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410-4243 US</b>		Mailing Address <b>4200 WACKENHUT DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410-4243 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-0857245</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T CAPPELETTI, JEFFREY 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PDC SANDERS, GARY A 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243</b> <input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>GRAHAME GIBSON 4200 WACKENHUT DR 100 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>AS KILBRIDE, ROBERT L 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD GREEN, IAN A 4200 WACKENHUT DR #100 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D LEVINE, DREW 4200 WACKENHUT DR #100 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE <b>VP/D</b> NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D LEON, WYNNE 4200 WACKENHUT DR #100 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.			
SIGNATURE: _____		<b>IAN A. GREEN, VP</b> <b>4/25/08</b> <b>561-622-5656</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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