

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 108637

FILED
Feb 03, 2009
Secretary of State

Entity Name: W.S. BADCOCK CORPORATION

Current Principal Place of Business:

200 NORTH PHOSPHATE BLVD
P. O. BOX 497
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

200 NORTH PHOSPHATE BLVD
P. O. BOX 497
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-0152010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYT, PHILLIP
200 N PHOSPHATE BLVD
MULBERRY, FL 33860 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: VD () Delete
Name: BADCOCK, BEN M EXECVP
Address: 5155 TERRY LANE
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: BADCOCK, HENRY C CEEXECVP
Address: 8436 LITHIA PINECREST RD
City-St-Zip: LITHIA, FL 33547

Title: VDS () Delete
Name: BADCOCK, III, WOGAN S EXECVPS
Address: 3529 CREWS LAKE DR.
City-St-Zip: LAKELAND, FL 33813

Title: V () Delete
Name: RAY, RAYMOND M SRVPCFO
Address: 3203 HIGHLANDS LAKE VIEW CR
City-St-Zip: LAKELAND, FL 33812

Title: PD () Delete
Name: MARKS, DONALD C PRES
Address: 1244 DARLINGTON OAK CIR NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: PD (X) Change () Addition
Name: PRICE, MICHAEL J PRES
Address: 200 N PHOSPHATE BLVD
City-St-Zip: MULBERRY, FL 33860

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: RAYMOND M. RAY

SRVP

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date