2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 169566

Entity Name: WEDGWORTH'S INC.

FILED Jan 07, 2008 Secretary of State

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Current Principal Place of Business:			New Princi	New Principal Place of Business:	
651 NW 9TI P. O. BOX 2 BELLE GLA					
Current Mailing Address:			New Mailin	New Mailing Address:	
651 NW 9TH STREET P. O. BOX 2076 BELLE GLADE, FL 33430					
FEI Number:	59-0677500	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WEDGWORTH, DENNIS G 651 NW 9TH STREET BELLE GLADE, FL 33430 US					
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: AD			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DENNIS G WEDO 13643 STAIMFOI WELLINGTON, F	RD DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition WEDGWORTH, DENNIS G 13643 STAIMFORD DRIVE WELLINGTON, FL 33411	
Title: Name: Address: City-St-Zip:	COBD () E WEDGWORTH,G EAST PALM BEA BELLE GLADE, F	CH ROAD	Title: Name: Address: City-St-Zip:	COBD (X) Change () Addition WEDGWORTH, GEORGE H EAST PALM BEACH ROAD BELLE GLADE, FL 33430	
Title: Name: Address: City-St-Zip:	VD () E BOYNTON,HELE 3410 N. FLAGLE W. PALM BEACH	R DRIVE	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition BOYNTON, WAYNE A P.O. BOX 1428 LOXAHATCHEE, FL 33470	
Title: Name: Address: City-St-Zip:	STD () E OETZMAN, BARE 1071 FAIRVIEW RIVIERA BEACH,	LANE	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition OETZMAN, BARBARA W 1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404	
Title: Name: Address: City-St-Zip:	ST () E MCCROAN, ERN 134 SO. ROYAL BELLE GLADE, F	PLAM DR.	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition MILLER, JR, JOSEPH D ASST 208 SAGINAW AVE CLEWISTON, FL 33440	
Title: Name: Address: City-St-Zip:	VP () E MATTHEWS, JAM 215 CYPRESS T ROYAL PALM BE	RACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOSEPH D. MILLER, JR ST 01/07/2008