## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 180358**

Title:

Name: Address:

City-St-Zip:

Entity Name: THE WEDGEWOOD CORPORATION

FILED Jun 29, 2009 Secretary of State

•					
Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
725 PALM TRAIL DELRAY BEACH, FL 33483			ATTN: MANAGE	725 PALM TRAIL ATTN: MANAGER DELRAY BEACH, FL 33483	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
725 PALM TRAIL DELRAY BEACH, FL 33483		725 PALM TRAIL ATTN: MANAGER DELRAY BEACH, FL 33483			
FEI Number:	59-0736109	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addr	ess of New Registered Agent:	
GILL, CHRI 725 PALM <sup>-</sup> DELRAY BE		83 US			
The above in the State		ubmits this statement for the pu	rpose of changing its reg	stered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () IJAMS, NANEEN 725 PALM TRAII DELRAY BEACH	_	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () TIMPSON, CARI 725 PALM TRAII DELRAY BEACH	_ <b>#</b> 13	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () LINEBERGER, J 725 PALM TRAII DELRAY BEACH	-	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NANEEN IJAMS PRES 06/29/2009

() Delete

DELRAY BEACH, FL 33483

BOSTWICK, LÍLIAS

725 PALM TRAIL

() Change () Addition