

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 235388

FILED
Jan 12, 2009
Secretary of State

Entity Name: WESJAX DEVELOPMENT COMPANY

Current Principal Place of Business:

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-0900850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, CLIFTON R
5340 SHORECREST DRIVE
JACKSONVILLE, FL 32210 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: D () Delete
Name: AGRICOLA, WILLIAM
Address: 914 ATLANTIC AVE SUITE 2A
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: PACE, JR J
Address: 1909 SALT MYRTLE LN
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: MCARTHUR, WILLIAM A
Address: 3844 TIMUGUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: BYRD, CLIFTON R
Address: 5340 SHORECREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WADE IV, NEILL G
Address: P.O. BOX 37355
City-St-Zip: TALLAHASSEE, FL 32315

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

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: CLIFTON R. BYRD

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date