

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 239264

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: FEGERS ENTERPRISES, INC.

## Current Principal Place of Business:

3058 TAMIAMI TRAIL  
PO BOX 494640  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

3058 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

PO BOX 494640  
PORT CHARLOTTE, FL 339494640

## New Mailing Address:

FEI Number: 59-0934223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEST, WILLIAM F  
3058 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952      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: PST ( ) Delete  
Name: WEST, FERN E  
Address: 3058 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTEE, FL 33952

Title: PD ( ) Delete  
Name: WEST, WILLIAM F  
Address: 3058 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTEE, FL

Title: VPD ( ) Delete  
Name: WEST, WILLIAM J  
Address: 2159 STARLITE LAME  
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: CAMBERN, ARLENE  
Address: 17076 BANKS AVE.  
City-St-Zip: PT. CHARLOTTE, FL 33948

## 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:

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: WILLIAM F. WEST

CEO

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date