

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240767

FILED
Apr 27, 2009
Secretary of State

Entity Name: WIGGINS ENTERPRISES, INC.

Current Principal Place of Business:

3460 N. ALCANIZ ST
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2188
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 59-0908427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WIGGINS, M C
4470 LA MIRAGE
PENSACOLA, FL 32504 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: PD () Delete
Name: WIGGINS, M C
Address: 4470 LA MIRAGE
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: WIGGINS, MARY E
Address: 4470 LA MIRAGE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: WIGGINS, MARY E
Address: 4470 LA MIRAGE
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: WIGGINS, JONATHON
Address: 4470 LA MIRAGE
City-St-Zip: PENSACOLA, FL 32504

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: M.C. WIGGINS

_____ Electronic Signature of Signing Officer or Director

PRES

04/27/2009

_____ Date