


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90060 012 \*\*\*150.00

<b>DOCUMENT # 276805</b>	
1. Entity Name <b>WIECHENS REALTY, INC.</b>	

Principal Place of Business <b>2603 SE 17TH ST STE A OCALA, FL 34471 US</b>	Mailing Address <b>2603 SE 17TH ST STE A OCALA, FL 34471 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2201 SE 30th AVE</b>	3. Mailing Address <b>2201 SE 30th AVE</b>
Suite, Apt. #, etc. <b>SUITE 201</b>	Suite, Apt. #, etc. <b>SUITE 201</b>
City & State <b>OCALA - FL</b>	City & State <b>OCALA - FL</b>
Zip <b>34471-7500</b>	Country <b>US</b>

	
01082008	Chg-P CR2E034 (12/06)
4. FEI Number <b>59-1034297</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WIECHENS, CHRISTOPHER S 2603 SE 17TH ST STE A OCALA, FL 34471</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent. <b>CHRISTOPHER S. WIECHENS, PRESIDENT</b>	
SIGNATURE	DATE <b>1-8-08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSP WIECHENS, CHRISTOPHER S 2603 S.E. 17TH ST, STE A OCALA, FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>CHRISTOPHER S. WIECHENS, PRESIDENT</b>	DATE <b>1-8-08</b> DAYTIME PHONE # <b>352-622-3214</b>