


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90005 003 ***150.00

DOCUMENT # 453512 1. Entity Name WETZEL-COLLINS, INC.	
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Principal Place of Business 407 ROSCOMMON BLVD NICEVILLE, FL 32578	Mailing Address 407 ROSCOMMON BLVD NICEVILLE, FL 32578
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

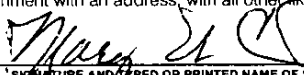
	
01042008 Chg-P	CR2E034 (12/06)
4. FEI Number 59-1553030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLINS, MARY WETZEL 407 ROSCOMMON BLVD NICEVILLE, FL 32578	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME COLLINS, MARY W. STREET ADDRESS 407 ROSCOMMON BLVD CITY-ST-ZIP NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME COLLINS, JOHN A. STREET ADDRESS 407 ROSCOMMON BLVD CITY-ST-ZIP NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MULCAHY, CATHERINE C. STREET ADDRESS 432 VALLEY GLEN PLACE CITY-ST-ZIP RICHARDSON, TX 75080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME LAURENDINE, LISA C. STREET ADDRESS 195 CHESWICK DRIVE CITY-ST-ZIP MADISON, AL 35757	<input type="checkbox"/> Delete	TITLE SD NAME LAURENDINE, LISA C. STREET ADDRESS 600 COLONIAL GRAND APT 614 CITY-ST-ZIP MADISON, AL 35758	<input checked="" 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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Mar 13, 2008 Daytime Phone # 850-678-6208