## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 453512** 

FILED Apr 25, 2009 Secretary of State

Entity Nar	ne: WETZ	EL-COLLINS, I	NC.						
Current Principal Place of Business:				New Principal Place of Business:					
	OMMON BI E, FL 32578								
Current Mailing Address:				New Mailing Address:					
	OMMON BI E, FL 32578								
FEI Number:	59-1553030	FEI Numbe	r Applied For()	FEI Number Not Appl	icable ( )	Certificate of	Status Desired	( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:				
407 ROSĆ	MARY WET OMMON BL E, FL 32578	_VD							
	named enti e of Florida.	ty submits this	statement for the pu	rpose of changing i	ts registere	d office or regis	tered agent, or	- both,	
SIGNATUR	RE:								
	Elect	ronic Signature	of Registered Ager	t		Date	Э		
Election Car	npaign Finan	ing Trust Fund (	Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD COLLINS, M 407 ROSCO NICEVILLE,	MMON BLVD		Title: Name: Address: City-St-Zip:		() Change () Ad	ddition		
Title: Name: Address: City-St-Zip:	VPD COLLINS, J 407 ROSCO NICEVILLE,	MMON BLVD		Title: Name: Address: City-St-Zip:		() Change () Ad	ddition		
Title: Name: Address: City-St-Zip:	432 VALLEY	( ) Delete CATHERINE C. ' GLEN PLACE DN, TX 75080		Title: Name: Address: City-St-Zip:	TD MULCAHY, 3524 RANK DALLAS, TX		ddition		
Title:	SD	( ) Delete		Title:	SD	(X) Change ( ) Ad	ddition		

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.

Name:

Address:

City-St-Zip:

LAURENDINÈ, LISA C.

4 CARRIAGE HILL

MADISON, AL 35758

SIGNATURE: MARY WETZEL COLLINS PRES 04/25/2009

LAURENDINÈ, LISA C

MADISON, AL 35758

600 COLONIAL GRAND APT. 614

Name:

Address:

City-St-Zip: