

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724565

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: WEDGMONT, INC.

## Current Principal Place of Business:

4306 ARNOLD AVENUE  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

C/O SUNBURST MGMT.  
P.O. BOX 110339  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 59-1469296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUETER, BEVERLY  
C/O SUNBURST MGMT.  
4306 ARNOLD AVE.  
NAPLES, FL 34108 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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MUSTONE, GINO  
Address: 955 PALM VIEW DR. #B-309  
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete  
Name: SMITH, THOMAS  
Address: 975 PALM VIEW DR. # A-205  
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete  
Name: FLYNN, LYNDIA  
Address: 925 PALM VIEW DR. #E-118  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: NADOLY, JACKIE  
Address: 925 PALM VIEW DR. #F-119  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete  
Name: RICKERT, DONALD  
Address: 955 PALM VIEW DR. #B-208  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: NADOLNY, JACKIE  
Address: 925 PALM VIEW DR. #F-119  
City-St-Zip: NAPLES, FL 34110

Title: DVS (X) Change ( ) Addition  
Name: MORGAN, DON  
Address: 955 PALM VIEW DR. # B-107  
City-St-Zip: NAPLES, FL 34110

Title: DT (X) Change ( ) Addition  
Name: RICHERT, DON  
Address: 955 PALM VIEW DR. #B-208  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change ( ) Addition  
Name: SMITH, THOMAS  
Address: 975 PALM VIEW DR. #A-205  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE NADOLNY

DP

04/10/2007

Electronic Signature of Signing Officer or Director

Date