

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000003478

Entity Name: WCT ASSOCIATES, INC.

**FILED**  
**Aug 21, 2009**  
**Secretary of State****Current Principal Place of Business:**4251 SPRUCE CREEK ROAD BLDG 1  
SUITE 1  
PORT ORANGE, FL 32127**New Principal Place of Business:****Current Mailing Address:**4251 SPRUCE CREEK ROAD BLDG 1  
SUITE 1  
PORT ORANGE, FL 32127**New Mailing Address:**

FEI Number: 62-1006354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**TAYLOR, WALTER CARL  
4251 SPRUCE CREEK ROAD BLDG 1  
SUITE 1  
PORT ORANGE, FL 32127 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: CP ( ) Delete  
Name: TAYLOR, WALTER CARL  
Address: 100 COLONIAL CENTER PARKWAY, SUITE 230  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: FARMER, DANIEL P  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: TD (X) Delete  
Name: SMITH, CAROL A  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

Title: VP (X) Delete  
Name: CORTINA, LOUIS  
Address: 299 N WEISGARBER ROAD  
City-St-Zip: KNOXVILLE, TN 37919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: TAYLOR, WALTER CARL  
Address: 4251 SPRUCE CREEK ROAD BLDG I, STE I  
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Change ( ) Addition  
Name: TAYLOR, NANCY P  
Address: 5405 DAYLILLY STREET  
City-St-Zip: PORT ORANGE, FL 32128

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: WALTER CARL TAYLOR

P

08/21/2009

Electronic Signature of Signing Officer or Director

Date