

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006290

Entity Name: WEN-STAR, INC.

FILED  
Mar 13, 2007  
Secretary of State

**Current Principal Place of Business:**

209 NORTH DAWSON STREET  
THOMASVILLE, GA 317925130 US

**New Principal Place of Business:**

**Current Mailing Address:**

209 NORTH DAWSON STREET  
THOMASVILLE, GA 317925130 US

**New Mailing Address:**

FEI Number: 58-2068107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIRD, T. BUCKINGHAM  
220 S. CHERRY ST.  
MONTICELLO, FL 32344 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBERTS, WAYNE  
Address: 209 NORTH DAWSON STREET  
City-St-Zip: THOMASVILLE, GA 317925130 US

Title: TD ( ) Delete  
Name: BLACKBURN, WILLIAM H  
Address: 809 S. BROAD ST.  
City-St-Zip: THOMASVILLE, GA 31792

Title: S ( ) Delete  
Name: ROBERTS, MELODY B  
Address: 209 NORTH DAWSON STREET  
City-St-Zip: THOMASVILLE, GA 317925130 US

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

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

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 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: MELODY ROBERTS

S

03/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date