

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005248

FILED
Jan 14, 2009
Secretary of State

Entity Name: WESTMARK ENTERPRISES, INC.

Current Principal Place of Business:

4050 WESTMARK DRIVE
DUBUQUE, IA 52002

New Principal Place of Business:

Current Mailing Address:

4050 WESTMARK DRIVE
DUBUQUE, IA 52002

New Mailing Address:

FEI Number: 42-1393042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, DAVID C
3003 CARDINAL DR STE D
VERO BEACH, FL 32963 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: CDT () Delete
Name: FALB, MARK C
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

Title: DPS () Delete
Name: BAUER, DAVID C
Address: 3003 CARDINAL DRIVE STE D
City-St-Zip: VERO BEACH, FL 32963

Title: V () Delete
Name: CAVANAGH, RON
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

Title: V () Delete
Name: CHANDLEE, CHAD
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: V () Change (X) Addition
Name: MICHEL, SUE
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

Title: V () Change (X) Addition
Name: FELTES, GREG
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

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: DAVID C BAUER

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date