


**2009 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # G07632</b> 1. Entity Name WOODBURN S. WESLEY, JR., P.A.	
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Principal Place of Business 88 EGLIN PARKWAY FORT WALTON BEACH, FL 32548 US	Mailing Address 88 EGLIN PARKWAY FORT WALTON BEACH, FL 32548 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WESLEY, WOODBURN S JR 88 EGLIN PARKWAY FORT WALTON BEACH, FL 32548
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 11, 2009</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESLEY, WOODBURN S., JR 88 EGLIN PARKWAY FORT WALTON BEACH, FL 32548
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**DO NOT WRITE  
IN THIS SPACE**

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02/04/09--01042--017 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/21/09

Daytime Phone # \_\_\_\_\_

**FILED**  
09 JAN 29 PM 2: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142009 No Chg-P CR2E034 (11/08)

4. FEI Number 59-2239639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	