

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81238

Entity Name: W & R CHIPPING, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

2892 BILL LEAVINS LANE
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

2892 BILL LEAVINS LANE
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 59-2366811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVINS, WILLIAM A
2892 BILL LEAVINS LANE
PONCE DE LEON, FL 32455 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: DP () Delete
Name: LEAVINS, WILLIAM A
Address: 2892 BILL LEAVINS LANE
City-St-Zip: PONCE DE LEON, FL 32455

Title: DV () Delete
Name: LEAVINS, RAYMOND A
Address: 2847 MAGNOLIA STREET
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: SCOTT, WILMA L
Address: 1554 GOVERNMENT STREET
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: LEAVINS, RYAN A
Address: 2892 BILL LEAVINS LANE
City-St-Zip: PONCE DE LEON, FL 32455

Title: DS () Delete
Name: BROWN, WANDA LEAVINS
Address: ROUTE 2 BOX 110M
City-St-Zip: WESTVILLE, FL 32464

Title: DT () Delete
Name: LEAVINS, RUBY C
Address: 2892 BILL LEAVINS LANE
City-St-Zip: PONCE DE LEON, FL 32455

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
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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 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: RAYMOND A. LEAVINS

DV

03/19/2009

Electronic Signature of Signing Officer or Director

Date