2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

DOCUMENT# G81238

Entity Name: W & R CHIPPING, INC.

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND A. LEAVINS DV 03/07/2011

Electronic Signature of Signing Officer or Director — Date