

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81469

Entity Name: WNG CONSULTANTS, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

50 BEAL PARKWAY STE 2
P. O. BOX 1539
FORT WALTON BEACH, FL 325491539

Current Mailing Address:

50 BEAL PARKWAY STE 2
P. O. BOX 1539
FORT WALTON BEACH, FL 325491539

New Principal Place of Business:

50 BEAL PARKWAY SW
SUITE 2
FORT WALTON BEACH, FL 32548

New Mailing Address:

P. O. BOX 1539
FORT WALTON BEACH, FL 325491539

FEI Number: 59-2501317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOURLEY, WARREN N.
50 BEAL PARKWAY
SUITE 2
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

GOURLEY, WARREN N.
50 BEAL PARKWAY SW
SUITE 2
FORT WALTON BEACH, FL 32548 US

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: WARREN N. GOURLEY

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOURLEY, WARREN N.,
Address: 50 BEAL PARKWAY, STE 2
City-St-Zip: FT. WALTON BEACH, FL

Title: V () Delete
Name: STOGER, ERIK
Address: 50 BEAL PKWY STE 2
City-St-Zip: FORT WALTON BEACH, FL 32548

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOURLEY, WARREN N
Address: 50 BEAL PARKWAY SW, SUITE 2
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD (X) Change () Addition
Name: STOER, ERIK H
Address: 145 KATHY LANE
City-St-Zip: FREEPORT, FL 32439

Title: STD () Change (X) Addition
Name: GOURLEY, JOANNA S
Address: 9 COUNTRY CLUB DRIVE EAST
City-St-Zip: DESTIN, FL 32541

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: WARREN N. GOURLEY

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date