

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G81469

Entity Name: WNG CONSULTANTS, INC.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 SW  
SUITE 2  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

VANCE, KEVIN L  
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: KEVIN L. VANCE

03/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VANCE, KEVIN L  
Address: 157 CYPRESS WALK  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD  
Name: GOURLEY, WARREN N  
Address: 50 BEAL PARKWAY SW, SUITE 2  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD  
Name: VANCE, ANGELA D  
Address: 157 CYPRESS WALK  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: KEVIN L. VANCE

PD

03/14/2011

Electronic Signature of Signing Officer or Director

Date