

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81471

Entity Name: WNG ASSOCIATES, INC.

FILED  
Jan 09, 2009  
Secretary of State

## Current Principal Place of Business:

50 BEAL PKWY  
STE 2  
FT. WALTON BEACH, FL 32548

## Current Mailing Address:

P.O. BOX 1539  
FT. WALTON BEACH, FL 32549 US

## 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 32549 US

FEI Number: 59-2501323

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  
FT. 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: PD ( ) Delete  
Name: GOURLEY, WARREN N.,  
Address: 50 BEAL PARKWAY SW #2  
City-St-Zip: FT WALTON BCH, FL

Title: DVD ( ) Delete  
Name: GOURLEY, CRAIG  
Address: 8605 CROSSWIND DR  
City-St-Zip: FORT WORTH, TX

Title: ST ( ) Delete  
Name: GOURLEY, JOANNA  
Address: 50 BEAL PARKWAY SW 2  
City-St-Zip: FORT WALTON BEACH, FL

Title: VD (X) Delete  
Name: STOER, ERIK  
Address: 50 BEAL PKWY SW #2  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

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

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: WARREN N. GOURLEY

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date