## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G82661

Address:

City-St-Zip:

169 CORAL DRIVE

FORT MYERS, FL

Entity Name: WENTCO, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	/ARDS ST ERS, FL 33916	US			
Current Mailing Address:			New Mailing Address:		
	/ARDS STREET S, FL 33916 US				
FEI Number	: 59-2391390 FE	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:	
124 N BRE ARCADIA	N, EUGENE E J EVARD AVE , FL 34266 US	its this statement for the r	ournose of changing its registers	ed office or registered agent, or both,	
	e of Florida.	into tino statement for the p	var pose of changing its registers	ed office of registered agent, or both,	
SIGNATU					
	Electronic Si	gnature of Registered Age	ent	Date	
Election Ca	mpaign Financing Trus	et Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delet NOBLES, GERALD, 9481 SW HULL AVE FT. OGDEN, FL	е	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () Delet THOMAS, ROBERT C 21399 EDGEWATER PORT CHARLOTTE,	c., DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delet RUSSO, PHILIP, 4577 LAKEWOOD BI NAPLES, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD () Delet REYNOLDS, CATHER 4301 ORANGE RIVE FORT MYERS, FL	RINE, M	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD () Delef EARLE, RONALD JR	e	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CATHERINE REYNOLDS STD 03/18/2009