

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51502

Entity Name: WESLEY THIGPEN, INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

% WESLEY THIGPEN
141 NOVEY CIRCLE
TALLAHASSEE, FL 32305 US

Current Mailing Address:

% WESLEY THIGPEN
141 NOVEY CIRCLE
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

C/O WESLEY THIGPEN
141 NOVEY CIRCLE
TALLAHASSEE, FL 32305 US

New Mailing Address:

C/O WESLEY THIGPEN
141 NOVEY CIRCLE
TALLAHASSEE, FL 32305 US

FEI Number: 59-2542056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIGPEN, WESLEY
335 OLD MAGNOLIA RD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

THIGPEN, WESLEY H
335 OLD MAGNOLIA RD
CRAWFORDVILLE, FL 32327 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: WESLEY H. THIGPEN

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THIGPEN, WESLEY
Address: 335 OLD MAGNOLIA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: THIGPEN, RUBY
Address: 335 OLD MAGNOLIA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THIGPEN, WESLEY H
Address: 335 OLD MAGNOLIA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change () Addition
Name: THIGPEN, RUBY J
Address: 335 OLD MAGNOLIA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: RUBY J. THIGPEN

S

03/11/2009

Electronic Signature of Signing Officer or Director

Date