2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2008 08:00 All Secretary of State DOCUMENT # J42734 Entity Name WENSRIC, INC. Principal Place of Business Mailing Address 220 HICKORY AVE 220 HICKORY AVE. MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 58-1718964 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, GEORGIANNA 45 BARONY DRIVE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32953 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed nanw of registered agent and title if applicable DATE (NOTE: Registered Agent a another required when renetating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE UQQQQQQ877214 □ Change 🔲 Delete Addition NAME WENDI JORDAN-HART NAME 04/14/08-80005-017 150.00 4955 SHADE TREE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME JORDAN, GEORGIANNA NAME 220 HICKORY AVE. STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE D Derete THE Change [Addition NAME JAMES E HART, II STREET ADDRESS 4955 SHADE TREE DRIVE STREET AUGRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 11111 ☐ Delete ☐ Change ☐ Addition RICHARD D JORDAN NAME STREET ADDRESS 265 SPRUCE STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Deiete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes: I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attrachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

3-31-08

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