

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42734

Entity Name: WENSRIC, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

220 HICKORY AVE
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

220 HICKORY AVE.
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 58-1718964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, GEORGIANNA
45 BARONY DRIVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

JORDAN, GEORGIANNA Z P
220 HICKORY
MERRITT ISLAND, FL 32953 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: GEORGIANNA JORDAN

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WENDI JORDAN-HART
Address: 4955 SHADE TREE DR
City-St-Zip: COCOA, FL

Title: P () Delete
Name: JORDAN, GEORGIANNA
Address: 220 HICKORY AVE.
City-St-Zip: MERRITT ISLAND, FL

Title: D () Delete
Name: JAMES E HART, II
Address: 4955 SHADE TREE DRIVE
City-St-Zip: COCOA, FL

Title: T () Delete
Name: RICHARD D JORDAN
Address: 265 SPRUCE
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGIANNA JORDAN

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date