

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87866

FILED
Mar 23, 2009
Secretary of State

Entity Name: WCR CONSULTANTS, INCORPORATED

Current Principal Place of Business:

% WILLIAM C. ROBBINS
2800 PARR CT. W.
JACKSONVILLE, FL 32216

Current Mailing Address:

% WILLIAM C. ROBBINS
2800 PARR CT. W.
JACKSONVILLE, FL 32216

New Principal Place of Business:

% WILLIAM C. ROBBINS
2800 PARR CT. W.
JACKSONVILLE, FL 322165436 US

New Mailing Address:

% WILLIAM C. ROBBINS
2800 PARR CT. W.
JACKSONVILLE, FL 322165436 US

FEI Number: 59-2952510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, WILLIAM C.
2800 PARR CT. W.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

ROBBINS, WILLIAM C.
2800 PARR CT. W.
JACKSONVILLE, FL 322165436 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: WILLIAM C. ROBBINS

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBBINS, WILLIAM C.,
Address: 2800 PARR CT. W.
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: ROBBINS, J GLENN
Address: 6518 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: ROBBINS, DAWN
Address: 6518 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBBINS, WILLIAM C.,
Address: 2800 PARR CT. W.
City-St-Zip: JACKSONVILLE, FL 322165436 US

Title: TD (X) Change () Addition
Name: ROBBINS, J GLENN
Address: 6518 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: D (X) Change () Addition
Name: ROBBINS, DAWN
Address: 6518 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

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: WILLIAM C. ROBBINS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date