


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90061 027 \*\*\*150.00

<b>DOCUMENT # L00543</b> 1. Entity Name <b>WESINCO/FLORIDA, INC.</b>	
--	---

Principal Place of Business <b>329 N. DELAWARE AVE.</b> <b>DELAND, FL 32720 US</b>	Mailing Address <b>%CHRIS CONTE</b> <b>329 N. DELAWARE AVENUE</b> <b>DELAND, FL 32720 US</b>
--	---



2. Principal Place of Business - No P.O. Box # <b>611 WEST TAYLOR ROAD</b>	3. Mailing Address <b>611 WEST TAYLOR ROAD</b>
Suite, Apt. #, etc. <b>SUITE A</b>	Suite, Apt. #, etc. <b>SUITE A</b>

01112008 Chg-P CR2E034 (12/06)

City & State <b>DELAND FLORIDA</b>	City & State <b>DELAND FLORIDA</b>
---------------------------------------	---------------------------------------

4. FEI Number <b>59-2961112</b>	Applied For Not Applicable
------------------------------------	-------------------------------

Zip <b>32720</b>	Country <b>USA</b>	Zip <b>32720</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MOORHEAD, TIMOTHY</b> <b>145 N MAGNOLIA AVE</b> <b>ORLANDO, FL 32802</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--	---

8. 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. I am familiar with, and accept the obligations of registered agent.

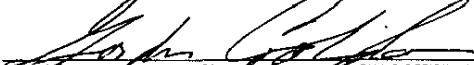
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS		Delete
TITLE	CEO	<input type="checkbox"/>
NAME	CONTE, CHRISTOPHER C	
STREET ADDRESS	329 N. DELAWARE AVE.	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	PS	<input type="checkbox"/>
NAME	WESSINGER, T. DOUGLAS	
STREET ADDRESS	324 DEVONSHIRE LANE	
CITY-ST-ZIP	COLUMBIA, SC 29212	
TITLE	V	<input type="checkbox"/>
NAME	COOKINGHAM, GORDON	
STREET ADDRESS	329 N. DELAWARE AVE.	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other officers empowered;

SIGNATURE:  1-31-2008 386-734-5235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GORDON COOKINGHAM WAS PRESIDENT