## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L14398

Entity Name: WECO DEVELOPMENT CO

WEAVER, DENNIS J

1849 KELTON LANE

MARYVILLE, TN 37803

Name: Address:

City-St-Zip:

FILED Jan 26, 2009 Secretary of State

•					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
580 SEACI PT. ST. JC	LIFFS DR. DE, FL 32456				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
ATTN: RC	:NZIE AVENUE )B BLUE, JR CITY, FL 32402				
FEI Number:	: 59-2966949	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent	: Name and Address of	Name and Address of New Registered Agent:	
BLUE, ROI 221 MCKE PANAMA (		2 US			
	named entity s e of Florida.	submits this statement for the	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered	Agent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (X) WEAVER, DENI 1849 KELTON L MARYVILLE, TN	ANE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S/T () WEAVER, JANA 1849 KELTON L MARYVILLE, TN	ANE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () HICKS, CHARLI PO BOX 6018 OAK RIDGE, TN		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP ()	Delete	Title:	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DENNIS J. WEAVER VP 01/26/2009