

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04612

FILED
Mar 04, 2010
Secretary of State

Entity Name: W.A.R., INC.

Current Principal Place of Business:

70 N INGLIS AVE
BOX 350
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

70 N INGLIS AVE
BOX 350
INGLIS, FL 34449 US

New Mailing Address:

FEI Number: 59-2434890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURTAVENT, ANTHONY C
15505 W. RIVER ROAD
INGLIS, FL 34449 US

Name and Address of New Registered Agent:

HILLIARD, DANNIE C
16551 W. RIVER ROAD
INGLIS, FL 34449 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: DANNIE C. HILLIARD

03/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: STURTAVENT, ANTHONY C
Address: 15505 W. RIVER ROAD
City-St-Zip: INGLIS, FL 34449

Title: T
Name: MCCARTHY, JENNY L
Address: 15901 W. RIVER ROAD
City-St-Zip: INGLIS, FL 34449

Title: D
Name: BERKLEY, ROBERT D
Address: 4645 PAMELA DRIVE
City-St-Zip: YANKEETOWN, FL 34498

Title: D
Name: SCHOFIELD, JACK
Address: 6103 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34498

Title: D
Name: FUCHS, JOHN
Address: 12537 W. FOSS GROVE PATH
City-St-Zip: INGLIS, FL 34449

Title: D
Name: MICHAELS, EDWARD
Address: 29 S. HAWTHORNE
City-St-Zip: INGLIS, FL 34449

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNY L. MC CARTHY

T

03/04/2010

Electronic Signature of Signing Officer or Director

Date