


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000047673</b>	
1. Entity Name WEKIVA ONE, INC.	

Principal Place of Business 405 DOUGLAS AVE. SUITE 1955 ALTAMONTE SPRINGS, FL 32714	Mailing Address 405 DOUGLAS AVE. SUITE 1955 ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3649459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

JUDGE, WALTER E  
405 DOUGLAS AVE.  
SUITE 1955  
ALTAMONTE SPRINGS, FL 32714

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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 reappointing) 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 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALYER, JOE P 662 PINE SHADOW COURT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALYER, BOBBIE 662 PINE SHADOW COURT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/04/08-00056-008 150.00

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

SIGNATURE: Walter E. Judge Registered Agent 2/7/08 407-774-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #