

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047673

FILED
Mar 25, 2009
Secretary of State

Entity Name: WEKIVA ONE, INC.

Current Principal Place of Business:

405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

397 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

Current Mailing Address:

405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3649459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALYER, JOE P
Address: 662 PINE SHADOW COURT
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SALYER, BOBBIE
Address: 662 PINE SHADOW COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALYER, JOE P
Address: 2031 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: SALYER, BOBBIE
Address: 2031 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

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: JOE SALYER

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date