

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000129954

Entity Name: DR. WS, INC.

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3121 INNOVATION DRIVE  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

3121 INNOVATION DRIVE  
ST CLOUD, FL 34769

**New Mailing Address:**

FEI Number: 06-1684035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLBORN, DENISE  
3121 INNOVATION DRIVE  
ST CLOUD, FL 34769 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: DP  
Name: HOLBORN, DENISE  
Address: 3121 INNOVATION DRIVE  
City-St-Zip: ST CLOUD, FL 34769

Title: VD  
Name: HOLBORN, RICHARD S  
Address: 3121 INNOVATION DRIVE  
City-St-Zip: ST CLOUD, FL 34769

Title: SD  
Name: LINSKOTT, WAYNE E  
Address: 3121 INNOVATION DRIVE  
City-St-Zip: ST CLOUD, FL 34769

Title: TD  
Name: LINSKOTT, WANDA M  
Address: 3121 INNOVATION DRIVE  
City-St-Zip: ST CLOUD, FL 34769

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

SIGNATURE: WANDA M LINSKOTT

TREA

01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date