2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P03000149392

Entity Name: WBC GENERAL CORPORATION

Current Principal Place of Business:

3900 OLD VIEW CROSSING DR.
SUITE 1221
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

14523 FALLING WATERS DR
JACKSONVILLE, FL 32258 US

Current Mailing Address:

3900 OLD VIEW CROSSING DR.
SUITE 1221
JACKSONVILLE, FL 32223 US

New Mailing Address:

14523 FALLING WATERS DR
JACKSONVILLE, FL 32258 US

FEI Number: 20-0544265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONCALVES, WASHINGTON S
3900 OLD VIEW CROSSING DR
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

GONCALVES, WASHINGTON S
14523 FALLING WATERS DR
JACKSONVILLE, FL 32258 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: WASHINGTON S GONCALVES 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONCALVES, WASHINGTON S PD
Address: 3900 OLD VIEW CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete
Name: STROLIGO, CLAUDIA R VPD
Address: 3900 OLD VIEW CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GONCALVES, WASHINGTON S PD
Address: 14523 FALLING WATERS DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD (X) Change ( ) Addition
Name: STROLIGO, CLAUDIA R VPD
Address: 14523 FALLING WATERS DR
City-St-Zip: JACKSONVILLE, FL 32258 US

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: WASHINGTON S GONCALVES P 04/30/2009
Electronic Signature of Signing Officer or Director Date