

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027747

Entity Name: WFB,INC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

5100 ELDORADO PARKWAY
SUITE 102 PMB 576
MCKINNEY, TX 75070

New Principal Place of Business:

Current Mailing Address:

5100 ELDORADO PARKWAY
SUITE 102 PMB 576
MCKINNEY, TX 75070

New Mailing Address:

PO BOX 70105
FT LAUDERDALE, FL 33307

FEI Number: 20-0691027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, NOEL E SR
4420 SW 77TH AVE
DAVIE, FL 33328 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: WARD, JASON
Address: 5100 ELDORADO PARKWAY SUITE 102, PMB 576
City-St-Zip: MCKINNEY, TX 75070

Title: VP () Delete
Name: WARD, MARIA
Address: 5100 ELDORADO PARKWAY SUITE 102, PMB 576
City-St-Zip: MCKINNEY, TX 75070

Title: S () Delete
Name: BROOKS, PATRICIA A
Address: 5100 ELDORADO PARKWAY SUITE 102, PMB 576
City-St-Zip: MCKINNEY, TX 75070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JASON WARD

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date