

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000049742

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** WERCHEK DEVELOPMENT SOUTH, INC.

**Current Principal Place of Business:**

849 7TH AVENUE SOUTH  
203  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

849 7TH AVENUE SOUTH  
203  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-2888407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WERCHEK, MICHAEL  
849 7TH AVENUE SOUTH  
UNIT 203  
NAPLES, FL 34102 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: WERCHEK, KARLA  
Address: 849 7TH AVENUE SOUTH #203  
City-St-Zip: NAPLES, FL 34102

Title: DVT  
Name: WERCHEK, MICHAEL  
Address: 849 7TH AVENUE SOUTH #203  
City-St-Zip: NAPLES, FL 34102

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: MICHAEL WERCHEK

DVT

01/18/2012

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

\_\_\_\_\_  
Date