

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057701

Entity Name: WLW ENTERPRISES, INC.

FILED
Feb 21, 2009
Secretary of State

Current Principal Place of Business:

3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3826 BIGGIN CHURCH ROAD W.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-3277477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCIER, LEE F.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE, FL 32202 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: P () Delete
Name: WRIGHT, JAMES A.
Address: 3826 BIGGIN CHURCH ROAD W.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: WRIGHT, MARY ANN
Address: 3826 BIGGIN CHURCH ROAD W.
City-St-Zip: JACKSONVILLE, FL 32224

Title: EVP () Delete
Name: WRIGHT, BRIAN
Address: 12826 CEDAR BROOK CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: WRIGHT, SANDRA
Address: 12826 CEDAR BROOK CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: LAROCCA, TRACY W.
Address: 10605 QUAIL RIDGE DR.
City-St-Zip: ST. AUGUSTINE, FL 32095

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:

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

Title: V (X) Change () Addition
Name: LAROCCA, TRACY W.
Address: 10605 QUAIL RIDGE DR.
City-St-Zip: PONTE VEDRA, FL 32081

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: JAMES A. WRIGHT

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date