

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117123

Entity Name: WAYFARER FINANCIAL GROUP, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

215 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

215 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

875 CURRENCY CIRCLE
LAKE MARY, FL 32746

FEI Number: 41-2098898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, JAMES R
215 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SHARPE, JAMES R
102 OLD HICKORY COURT
LONGWOOD, FL 32750 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: JAMES R. SHARPE

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHARPE, JAMES R
Address: 215 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CONNER, ROGER W
Address: 215 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: O () Delete
Name: ANDREWS, DAVID S CFO
Address: 215 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JAMES R. SHARPE

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date