2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P06000061085

Entity Name: WIDENER AND ASSOCIATES, INC.

Current Principal Place of Business:

307 FEATHER PLACE
LONGWOOD, FL 32779

New Principal Place of Business:

499 STATE ROAD 434 NORTH
SUITE 2029
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

307 FEATHER PLACE
LONGWOOD, FL 32779

New Mailing Address:

499 STATE ROAD 434 NORTH
SUITE 2029
ALTAMONTE SPRINGS, FL 32714

FEI Number: 56-2578291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIDENER, KATHERINE S
307 FEATHER PLACE
LONGWOOD, FL 32779 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: WIDENER, KATHERINE S
Address: 307 FEATHER PLACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP ( ) Delete
Name: WIDENER, DENNIS J
Address: 307 FEATHER PLACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: LEWIS, CHERYL L
Address: 5129 WALNUT RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32829

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: CHERYL L LEWIS VP 01/16/2008
Electronic Signature of Signing Officer or Director — Date