

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062533

Entity Name: W. L. SERVICES CORP

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1111 WHISPERING WINDS CT  
APOPKA, FL 32703

## New Principal Place of Business:

2901 SW 41ST ST  
1513  
OCALA, FL 34474

## Current Mailing Address:

1111 WHISPERING WINDS CT  
APOPKA, FL 32703

## New Mailing Address:

2901 SW 41ST ST  
APT # 1513  
OCALA, FL 34474

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACOSTA GAONA, WILSON L  
1111 WHISPERING WINDS CT  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

ACOSTA GAONA, WILSON L  
2901 SW 41ST ST.  
APT. # 1513  
OCALA, FL 34474 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ACOSTA GAONA, WILSON L  
Address: 1111 WHISPERING WINDS CT  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: ACOSTA GAONA, WILSON L  
Address: 1111 WHISPERING WINDS CT  
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete  
Name: ACOSTA GAONA, WILSON L  
Address: 1111 WHISPERING WINDS CT  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ACOSTA GAONA, WILSON L  
Address: 2901 SW 41ST STREET  
City-St-Zip: OCALA, FL 34474

Title: S (X) Change ( ) Addition  
Name: ACOSTA GAONA, WILSON L  
Address: 2901 SW 41ST STREET  
City-St-Zip: OCALA, FL 34474

Title: T (X) Change ( ) Addition  
Name: ACOSTA GAONA, WILSON L  
Address: 2901 SW 41ST STREET  
City-St-Zip: OCALA, FL 34474

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: WILSON L. ACOSTA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date