

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081089

Entity Name: WILD E. COYOTE A/C, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

17410 WILLIAMSBURG DR.
N. FT. MYERS, FL 339173601

New Principal Place of Business:

17410 WILLIAMSBURG DR.
N. FT. MYERS, FL 33917

Current Mailing Address:

17410 WILLIAMSBURG DR.
N. FT. MYERS, FL 339173601

New Mailing Address:

8770 KING LEAR COURT
FORT MYERS, FL 33908

FEI Number: 30-0501430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, JOHN A
800 LAUREL OAK DR., SUITE 303
NAPLES, FL 341082713 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: MCAFEE, RICHARD J
Address: 17410 WILLIAMSBURG DR.
City-St-Zip: N. FT. MYERS, FL 339173601

Title: VP () Delete
Name: WILLIAMSON, JAMES
Address: 6656 HARTLAND STREET
City-St-Zip: FORT MYERS, FL 33906

Title: T () Delete
Name: NOVELLA, RALPH
Address: 8770 KING LEAR CT.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCATEE, RICHARD J
Address: 17410 WILLIAMSBURG DR.
City-St-Zip: N. FT. MYERS, FL 33917

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: RALPH NOVELLA

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date