


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90189 006 \*\*\*150.00

<b>DOCUMENT # P13979</b>		
1. Entity Name E.C. WESNER ASSOCIATES, INC.		

Principal Place of Business 5491 N. UNIVERSITY DRIVE SUITE 201 CORAL SPRINGS, FL 33067 US	Mailing Address 5491 N. UNIVERSITY DRIVE SUITE 201 CORAL SPRINGS, FL 33067 US
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**40036421**



2. Principal Place of Business - No P.O. Box # 5491 N. University Dr Suite, Apt. #, etc. Suite 201	3. Mailing Address (same) Suite, Apt. #, etc.
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02062008 Chg-P CR2E034 (12/06)

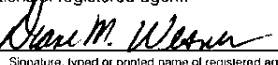
City & State Coral Springs Florida	City & State
Zip 33067	Country U S A

4. FEI Number 25-1383047	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WESNER, ERIC 7776 NW 128 AVENUE PARKLAND, FL 33076	
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7. Name and Address of New Registered Agent Name Wesner, Diane M. Street Address (P.O. Box Number is Not Acceptable) 2320 NW 100th Avenue City Coral Springs FL Zip Code 33065	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Diane M. Wesner, President	2/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	19. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESNER, ERIC C. 5491 N. UNIVERSITY ROAD, #201 CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete (Retired)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESNER, DIANE M. 5491 N. UNIVERSITY ROAD, #201 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wesner, Diane M. 2320 NW 100th Avenue Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:  Diane M. Wesner, President	2/25/08 (954) 755-6825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Ext 3