

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13979

FILED
Mar 09, 2009
Secretary of State

Entity Name: E.C. WESNER ASSOCIATES, INC.

Current Principal Place of Business:

5491 N. UNIVERSITY DR
SUITE 201
POMPANO BEACH, FL 33067 US

New Principal Place of Business:

3400 MARBLE CREST DRIVE
LAND O LAKES, FL 34638 US

Current Mailing Address:

5491 N. UNIVERSITY DR
SUITE 201
POMPANO BEACH, FL 33067 US

New Mailing Address:

3400 MARBLE CREST DRIVE
LAND O LAKES, FL 34638 US

FEI Number: 25-1383047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESNER, DIANE M
2320 NW 100TH AVENUE
POMPANO BEACH, FL 33065 US

Name and Address of New Registered Agent:

WESNER, DIANE M
3400 MARBLE CREST DRIVE
LAND O LAKES, FL 34638 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:

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WESNER, DIANE
Address: 2320 NW 100TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: WESNER, DIANE M.,
Address: 5491 N. UNIVERSITY ROAD, #201
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WESNER, DIANE
Address: 3400 MARBLE CREST DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: S (X) Change () Addition
Name: WESNER, DIANE M.,
Address: 3400 MARBLE CREST DRIVE
City-St-Zip: LAND O LAKES, FL 34638

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: DIANE M. WESNER

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03/09/2009

Electronic Signature of Signing Officer or Director

Date