

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015422

Entity Name: L. WERNINCK & SONS, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

32 LOUISE ST
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

32 LOUISE STREET
SAINT AUGUSTINE, FL 32084 US

Current Mailing Address:

32 LOUISE ST
SAINT AUGUSTINE, FL 32084

New Mailing Address:

32 LOUISE STREET
SAINT AUGUSTINE, FL 32084 US

FEI Number: 15-0626798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERNINCK, KEITH B.
32 LOUISE ST.
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

WERNINCK, KEITH B.
32 LOUISE STREET
SAINT AUGUSTINE, FL 32084 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:

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WERNINCK, KEITH B
Address: 32 LOUISE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V () Delete
Name: WERNINCK KEITH S,
Address: 32 LOUISE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: WERNINCK, CONNIE
Address: 32 LOUISE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WERNINCK, KEITH B
Address: 32 LOUISE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: V (X) Change () Addition
Name: WERNINCK, KEITH S
Address: 32 LOUISE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: S (X) Change () Addition
Name: WERNINCK, CONNIE
Address: 32 LOUISE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: KEITH B WERNINCK

DPT

01/28/2009

Electronic Signature of Signing Officer or Director

Date