


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90042 032 ***150.00

| | | |
|-------------------------------------|--|---|
| DOCUMENT # P94000094245 | |  |
| 1. Entity Name WSA SYSTEMS, INC. | | |

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|--|--|
| Principal Place of Business 501 MASON AVE DAYTONA BEACH, FL 32117 US | Mailing Address 501 MASON AVE DAYTONA BEACH, FL 32117 US |
|--|--|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

03252008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3289073

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | |
|---|--|
| 6. Name and Address of Current Registered Agent RAISLER, AMY B 2800 N HALIFAX DR DAYTONA BEACH, FL 32118 | |
|---|--|

| | |
|--|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name ROBERT G CAMPBELL III | |
| Street Address (P.O. Box Number is Not Acceptable) 1813 FLAG LANE | |
| City ORMOND BEACH | FL Zip Code 32174 |

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: *Robert G Campbell III* Robert G Campbell III 3-25-08
(NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAEFER, SUSAN M | NAME | |
| STREET ADDRESS | 5750 JOHN ANDERSON HWY. | STREET ADDRESS | |
| CITY-ST-ZIP | FLAGLER BEACH, FL 32136 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBB, RUFUS M | NAME | |
| STREET ADDRESS | 2800 N HALIFAX DR | STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBB, MARK A | NAME | |
| STREET ADDRESS | 42 RIVER BEACH DR | STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32176 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | AMY B. WEBB |
| STREET ADDRESS | | STREET ADDRESS | 2800 N HALIFAX DR |
| CITY-ST-ZIP | | CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

SIGNATURE: *Rufus M. Webb* Rufus M. Webb 3-25-08 386 253-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #