



# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P95000083512</b> 1. Entity Name <b>WIGGINS, BOOTH &amp; COMPANY, P.A.</b>						<b>FILED</b> <b>08 JUL 21 AM 10:55</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>30 FOURTH STREET SW WINTER HAVEN, FL 33880</b>				Mailing Address <b>30 FOURTH STREET SW WINTER HAVEN, FL 33880</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>WIGGINS, TURNER A 30 4TH ST NW WINTER HAVEN, FL 33880</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>65-0617376</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D WIGGINS, TURNER A 30 FOURTH STREET SW WINTER HAVEN, FL 33880</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>700133392737 07/24/08--01027--004 **\$1.25</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BOOTH, ROBERT C 30 FOURTH STREET SW WINTER HAVEN, FL 33880</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Smit, Donald J. 30 Fourth Street SW Winter Haven, FL 33880</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Burby, Pamela M. 30 Fourth Street SW Winter Haven, FL 33880</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Elam, Tamara D. 30 Fourth Street SW Winter Haven, FL 33880</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Reineke, John S. 30 Fourth Street SW Winter Haven, FL 33880</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Reineke, John S. 30 Fourth Street SW Winter Haven, FL 33880</b>			
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.							
<b>SIGNATURE:</b> 				<b>7/18/08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
863-299-8084				Daytime Phone #			