

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000017173

Entity Name: W.G. ENTERPRISES, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15880 SUMMERLIN ROAD  
SUITE 125  
FT. MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

909 WRIGHT'S SUMMIT PARKWAY  
SUITE 120  
FORT WRIGHT, KY 41011

**New Mailing Address:**

FEI Number: 65-0643932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GOODRIDGE, WILLIAM L SR.  
Address: 15880 SUMMERLIN RD., STE 125  
City-St-Zip: FT. MYERS, FL 33908

Title: DS  
Name: GOODRIDGE, ELLEN C  
Address: 15880 SUMMERLIN RD., STE 125  
City-St-Zip: FT. MYERS, FL 33908

Title: DV  
Name: GOODRIDGE, WILLIAM L JR  
Address: 15880 SUMMERLIN RD., STE 125  
City-St-Zip: FT. MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. GOODRIDGE, SR.

DPT

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date