

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094528

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: WILLIAM WESSELING SERVICES, INC.

## Current Principal Place of Business:

1524 MARCO PLACE  
JACKSONVILLE, FL 233074060 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5784  
JACKSONVILLE, FL 322475784 US

## New Mailing Address:

1524 MARCO PLACE  
JACKSONVILLE, FL 233074060 US

FEI Number: 59-3410607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESSELING, WILLIAM A SR  
1524 MARCO PLACE  
JACKSONVILLE, FL 322074060 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WESSELING, SR W A  
Address: 1524 MARCO PL.  
City-St-Zip: JACKSONVILLE, FL 322474060

Title: VPSD ( ) Delete  
Name: WESSELING, MARY A  
Address: 1524 MARCO PL.  
City-St-Zip: JACKSONVILLE, FL 322474060

Title: D ( ) Delete  
Name: WESSELING, JR WA  
Address: 6 TARPON DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32083

Title: D ( ) Delete  
Name: WESSELING, NICOLE C  
Address: #6 TARPON DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32083

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WESSELING, WILLIAM A JR  
Address: 6 TARPON DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32083

Title: D (X) Change ( ) Addition  
Name: WESSELING, NICOLE C  
Address: #6 TARPON DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32083

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: WILLIAM A. WESSELING, SR.

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date