

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000026671

1. Entity Name
WESCON FIRST, INC.



Principal Place of Business
**6100 103RD STREET
JACKSONVILLE, FL 32244**

Mailing Address
**6100 103RD STREET
JACKSONVILLE, FL 32244**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KICKLIGHTER, CLAYTON J
2556 HOLLY POINT ROAD EAST
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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 N.A. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KICKLIGHTER, CLAYTON J
STREET ADDRESS	2556 HOLLY POINT ROAD EAST
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	VD
NAME	KICKLIGHTER, PAXTON L
STREET ADDRESS	5422 SELTON AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32277

TITLE	D
NAME	KICKLIGHTER, HARRIET J
STREET ADDRESS	2556 HOLLY POINT ROAD EAST
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: Clayton J. Kicklighter **Clayton J. Kicklighter** 2-16-07 (904) 777-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #