


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000097506 1. Entity Name WENCO SOUTH, INC.	
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Principal Place of Business 2560 N.E. INDIAN RIVER DR JENSEN BEACH, FL 34957	Mailing Address 2560 N.E. INDIAN RIVER DR JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1676862	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 CAUDILL, PATRICIA J 2560 NORTHEAST INDIAN RIVER DRIVE JENSEN BEACH, FL 34957
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENRICK, NELSON D 130 S ST LUCIE LANE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CAUDILL, PATRICIA J 1847 NW PINE LAKE DR STUART, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000767918 07/10/07-80025-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>Patricia J. Caudill</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____