

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P99000097506**  
1. Entity Name  
WENCO SOUTH, INC.



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

**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  **\$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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WENRICK, NELSON D
STREET ADDRESS	130 S ST LUCIE LANE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	S/T
NAME	CAUDILL, PATRICIA J
STREET ADDRESS	1847 NW PINE LAKE DR
CITY-ST-ZIP	STUART, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000767918  
07/10/07-80025-011 150.00

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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: Patricia J. Caudill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_