

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41816

Entity Name: W-C PROPERTIES, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 15021
SARASOTA, FL 34277

New Principal Place of Business:

943 CONTENTO ST
SARASOTA, FL 34242

Current Mailing Address:

P.O. BOX 15021
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 59-3149016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBLE, ROBERT L
943 CONTENTO STREET
SARASOTA, FL 34242 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: D () Delete
Name: GAMBLE, SHIRLEY
Address: P.O. BOX 15021 - NA
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: GAMBLE, ROBERT L
Address: P.O. BOX 15021 - NA
City-St-Zip: SARASOTA, FL

Title: ST () Delete
Name: GAMBLE, SHIRLEY K
Address: P.O. BOX 15021 - NA
City-St-Zip: SARASOTA, FL 34277

Title: D () Delete
Name: GAMBLE, GREGORY A
Address: P.O. BOX 15021
City-St-Zip: SARASOTA, FL 34277

Title: D (X) Delete
Name: GAMBLE, DOROTHY G
Address: P.O. BOX 15021
City-St-Zip: SARASOTA, FL 34277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: GAMBLE, SHIRLEY K
Address: P.O. BOX 15021 - NA
City-St-Zip: SARASOTA, FL

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

Title: D (X) Change () Addition
Name: GAMBLE, GREGORY A
Address: P O BOX 15021
City-St-Zip: SARASOTA, FL 34277

Title: D (X) Change () Addition
Name: GAMBLE, DOROTHY G
Address: P.O. BOX 15021
City-St-Zip: SARASOTA, FL 34277

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

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: SHIRLEY K GAMBLE

DST

02/04/2009

Electronic Signature of Signing Officer or Director

Date