


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09000074548 1. Entity Name F3WSINC	
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12 MAY 23 AM 9:54

Principal Place of Business 3301 HERMITAGE ROAD E. JACKSONVILLE, FL 32277	Mailing Address P O BOX 11929 JACKSONVILLE, FL 32239 US
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2. Principal Place of Business - No P.O. Box # 3301 Hermitage Rd E	Mailing Address PO Box 11929
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05072012 Chg-P CR2E034 (12/11)

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number APPLIED FOR: 45-490885	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32217-97	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLETCHER, DEBRA A 3301 HERMITAGE ROAD E JACKSONVILLE, FL 32277	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE		
NAME	WHEAT, JERALD E JR.		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P O BOX 11929		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	TREA <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEAT, LORRAINE A		NAME		
STREET ADDRESS	P O BOX 11929		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	OFF <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEAT, DANIEL A		NAME		
STREET ADDRESS	P O BOX 11929		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	SEC <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, DEBRA A		NAME		
STREET ADDRESS	P O BOX 11929		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Debra A. Fletcher DATE: _____ E-MAIL ADDRESS: f3wsinc@bellsouth.net

MAY 24 2012