

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000095**

1. Entity Name  
**WEAL SEA INC.**



Principal Place of Business

**2227 SE 20TH PLACE  
CAPE CORAL, FL 33990**

Mailing Address

**2227 SE 20TH PLACE  
CAPE CORAL, FL 33990**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**41-1845119**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MADSEN, DOUGLAS R  
2227 SE 20TH PLACE  
CAPE CORAL, FL 33990**

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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

Signature, typed or printed name of registered agent and title if applicable

(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	PCD
NAME	MADSEN, DOUGLAS R
STREET ADDRESS	2227 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VSTD
NAME	MADSEN, VERONICA J
STREET ADDRESS	2227 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80057-003 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Veronica J Madsen* **Veronica J Madsen** 01-22-07 239-458-1070