

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000048900 1. Entity Name WESCAR REALTY, INC.	
--	---

Principal Place of Business 195 INTERNATIONAL PARKWAY HEATHROW, FL 32746 US	Mailing Address 195 INTERNATIONAL PARKWAY HEATHROW, FL 32746 US
---	---

DO NOT WRITE IN THIS SPACE

FILED

2007 MAR 27 PM 2:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3322816	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEYS, LOUIS
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

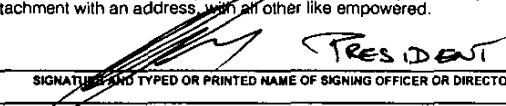
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEYS, LOUIS 195 INTERNATIONAL PARKWAY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**100095906531
04/05/07--01043--018 **1450.00**

**DO NOT WRITE
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 an other like empowered.

SIGNATURE:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/30