

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018914

Entity Name: WES CONSULTING, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

492 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

4801 96TH ST. N.
ST. PETERSBURG, FL 33708

Current Mailing Address:

3310 STAGECOACH TRAIL
WIMAUMA, FL 33598 US

New Mailing Address:

FEI Number: 59-3581576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, SANFORD H
3310 STAGECOACH TRAIL
WIMAUMA, FL 33598 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: VP () Delete
Name: SNELL, WILLIAM E JR.
Address: 492 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: T () Delete
Name: SNELL, ALLISON B
Address: 492 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: PD () Delete
Name: BARBER, SANFORD H
Address: 3310 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598 US

Title: STD () Delete
Name: BARBER, CAROL B
Address: 3310 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SANFORD H. BARBER

PRES

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date