

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 267280

1. Entity Name
WES-FLO CO., INC.



Principal Place of Business

**5707 N 54TH ST
P.O. BOX 17401
TAMPA, FL 33682-4401**

Mailing Address

**5707 N 54TH ST
P.O. BOX 17401
TAMPA, FL 33682-4401**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1002922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRY, RUTH ELOISE
16746 CRAWLEY RD
ODESSA, FL 33556**

**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

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, 2005 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
**PT
PERRY, RUTH ELOISE
16746 CRAWLEY RD.
ODESSA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
PERRY, JAMES A
4245 GOLDSMITH RD
BROOKSVILLE, FL 34602**

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

1000000212303
02/03/05-80026-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ruth Eloise Perry **RUTH ELOISE PERRY** 1-25-05 813-626-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #