

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 267280 1. Entity Name WES-FLO CO., INC.	
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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
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04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1002922	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
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**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 all other like empowered.

SIGNATURE:  **4-17-06** **813-626-2171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #