2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2007 08:00 AM **DOCUMENT # 374090 Secretary of State** WEWA LAND COMPANY, INC. Principal Place of Business Mailing Address P. O. BOX 507 PLYMOUTH FL 32768 27. S. BINION RD. PO BOX 507 PLYMOUTH FL 32768 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-1346237 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUMNER, KENNETH Street Address (P.O. Box Number is Not Acceptable) SO S R 437 BOX 507 PLYMOUTH FL 32768 City Zip Code 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. + am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change uni ☐ Addition Delete THILE SUMNER, KENNETH NAME NAM U000000599045 **BOX 507 HWY 437** STREET ADDRESS STREE LADDRESS 01/25/07-80011-007 150.00 PLYMOUTH, FL 00000 CHY-ST-7IP CHY-S1-7IP mir. ☐ Delete ☐ Change Addition TITLE SUMNER, BONNIE J NAMI BOX 507 HWY 437 STREET ADDRESS STREET ADDRESS PLYMOUTH, FL 00000 CITY-ST-7IP CHY-S1-7IP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Delete Addition HHE ☐ Change 1101 NAM NAM STREET ADDRESS STRULT ADDRESS CHY-S1-ZIP CITY-ST-ZIP niu Delete Change Addition NAMI NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete THE Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

Kenneth Sumner 1-18-07 407 886 5918

NO OFFICER OR DIRECTOR

Date Dayline Phone 1

FILED