


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90052 027 ***150.00

DOCUMENT # 425834 1. Entity Name WESLEY CHAPEL ACRES, INC.	
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Principal Place of Business 30620 PASCO RD SAN ANTONIO, FL 33576 US	Mailing Address P.O. BOX 668 SAN ANTONIO, FL 33576 US
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50009324



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1545397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GROSSENBACHER, E 30620 PASCO RD SAN ANTONIO, FL 33576

**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	D TUPPER, ERWIN R 28519 TUPPER RD WESLEY CHAPEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUPPER, VONIECE E 28519 TUPPER RD WESLEY CHAPEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROSSENBACHER, E 30620 PASCO RD SAN ANTONIO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 E. Grossenbacher Pres. E. Grossenbacher 2/1/05 813-714-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #