

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 436452**



1. Entity Name  
**WESCO REALTY, INC.**

Principal Place of Business  
1232 ST TROPEZ CIRCLE  
ORLANDO FL 32806  
US

Mailing Address  
1232 ST TROPEZ CIRCLE  
ORLANDO FL 32806  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-1485155**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISE, REGINALD M.**  
**1232 ST. TROPEZ CIRCLE**  
**ORLANDO FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PTD  
WISE, REGINALD M.  
1232 ST TROPEZ CIRCLE  
ORLANDO FL 32806-5522

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

U000000693649  
04/16/07-80049-010 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

VSD  
WISE, SHANNON R.  
1232 ST TROPEZ CIRCLE  
ORLANDO FL 32806-5552

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby 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 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 or 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 *Reginald M. Wise* **Reginald M. Wise** **3-30-07** **407-650-9081**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #