2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCU 1. Entity Nan WES INV	ne	# 479360	-			Mar 10, 2004 08:00 AM Secretary of State			
Principal Place of Business 1350 ORANGE AVENUE #247 WINTER PARK FL 32789 US			Mailing Address 1350 ORANGE AVENUE #247 WINTER PARK FL 32789 US						************************************
2. Principal Place of Business			3. Mailing Address						
Suite, Apt #, etc			Suite, Apt #, etc.			MOORE	CR2E034	(11/03)	
City & State			City & State			4. FEI Number 59-1	602714	}	plied For It Applicable
Zip	Zip Country		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent					Name	7. Name and Address	of New Registered /	Agent	
WESLEY, JAMES A. 1350 ORANGE AVENUE #247 WINTER PARK FL 32789						P.O. Box Number is Not A	cceptable)	<u> </u>	
					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 tills if applicable. (NOTE Registered Agent agrature required when refusating) DATE.									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS						Trust Fund C] Added	O May Be to Fees
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD WESLEY, 5612 SANI OVIEDOO	JAMES A. O CRANE COVE	Detete	3	}	ADDITIONS/CHANGE	s to officers and 10000084002 1/04–80062–0	☐ Change	Addition
BTLE NAME STREET ADDRESS CITY-ST-ZIP	1831 RED	RICHARD E. WOOD TERR GROVE IY FL 32746	☐ Delete		ł			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZE			☐ Delete		i			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZBY			☐ Delete		•			☐ Change	☐ Addition
THTE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- {			Change	☐ Addition
BTLE NAME STREET ADDRESS CITY-ST-ZIP			□ Defete	CITY	E ET ADDRESS - ST- ZIP			Change	☐ Addilion
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.									

FILED