

**2007. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 033 ***150.00

of

DOCUMENT # 487778

1. Entity Name
WECLEV, INC.



Principal Place of Business
**390 PONDELLA
SUITE 2
NORTH FORT MYERS, FL 33903**

Mailing Address
**390 PONDELLA
SUITE 2
NORTH FORT MYERS, FL 33903**

40108018

ner of the corporate checks.
Please feel free to call me
at any time. Thanks.



T.R. Woodbridge, V-Pres.

04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1714425

Applied for
Not Applicable

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

6. Name and Address of Current Registered Agent

**REGINA R. SHIMANEK
428 JAYE COURT
NORTH FORT MYERS, FL 33903**

**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

T.R. Woodbridge, V-President **4-27-07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**S
WOODBIDGE, CAROLE
PO BOX 225 N/A
ALVA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHIMANEK, REGINA R.
428 JAYE COURT
NORTH FT MYERS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
WOODBIDGE, T.R.
P.O. BOX 225, N/A
ALVA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

T.R. Woodbridge, V-President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2007

Date

Daytime Phone #