


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H57236 1. Entity Name WESCOSA-FLORIDA, INC.	
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Principal Place of Business 2788 S FINANCIAL CT SANFORD, FL 32773 US	Mailing Address 2788 S FINANCIAL CT SANFORD, FL 32773 US
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01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2543793	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COLLEY, ERIC 112 ROSEBRIAR DRIVE LONGWOOD, FL 32750
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD COLLEY, ERIC V. 112 ROSEBRIAR DRIVE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLEY, JUDITH H. 112 ROSEBRIAR DR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAINES, MARIANNE E. 35335 CHESTERWOOD LANE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000056803 02/19/04-80036-010 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Eric V. Colley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-27-04 407-324-3550  
Date Daytime Phone #  
ERIC V. COLLEY