



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90480 027 ***150.00

DOCUMENT # L36385 1. Entity Name WESCOTT GROUP, INC.					
Principal Place of Business 2933 W. SR 434 SUITE 131 LONGWOOD, FL 32779 US			Mailing Address P.O. BOX 160845 ALTAMONTE SPRINGS, FL 32716-0845 US		
2. Principal Place of Business 6000 MetrolWest Blvd Suite, Apt. #, etc. Suite 105 City & State Orlando FL Zip 32835		3. Mailing Address 6000 MetrolWest Blvd Suite, Apt. #, etc. Suite 105 City & State Orlando FL Zip 32835			
4. FEI Number 59-2980824		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 N. MAITLAND AVE. SUITE 340 MAITLAND, FL 32751			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP KANTOR, JOSEPH 2933 W. SR 434, SUITE 131 LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
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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: _____ Joseph Kantor President _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					