

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L93709

1. Entity Name

WES INVESTMENTS OF HILLSBOROUGH, INC.



Principal Place of Business

P O BOX 338
WIMAUMA FL 33598

Mailing Address

P O BOX 338
WIMAUMA FL 33598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0282801

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

LEUNG, CONNIE H
245- 24TH AVE SW
RUSKIN FL 33570

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP
P LEUNG, TONY KWOK 245 -24TH AVE SW RUSKIN FL 33570 ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP
VST LEUNG, CONNIE HONG 245 -24TH AVE SW RUSKIN FL 33570 ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
U000000087520
03/15/04-80015-005 150.00

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

813-634-6878

Daytime Phone #