

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90012 038 \*\*\*158.75

**DOCUMENT # P00000081669**

**1. Entity Name**

**WESLEY SANITATION INC.**



**Principal Place of Business**

**6140 SE 70TH ST  
TRENTON FL 32693**

**Mailing Address**

**6140 SE 70TH ST  
TRENTON FL 32693**

**2. Principal Place of Business**

**6140 S.E. 70th St.**

**3. Mailing Address**

**6140 S.E. 70th St.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**Trenton, Fl. 32693**

**City & State**

**Trenton, Fl.**

**Zip**

**32693**

**Country**

**U.S.**

**Zip**

**32693**

**Country**

**U.S.**

**6. Name and Address of Current Registered Agent**

**WESLEY, JOHN R  
6140 SE 71ST PLACE  
TRENTON FL 32693**

**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**

**Vernon D. Wesley - Vernon D. Wesley Corporate Secretary 02/09/04**

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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WESLEY, JOHN R</b>	
<b>STREET ADDRESS</b>	<b>6140 S.E. 71ST. PLACE</b>	
<b>CITY-ST-ZIP</b>	<b>TRENTON FL 32693</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WESLEY, JOHN R</b>	
<b>STREET ADDRESS</b>	<b>6140 S.E. 71ST PLACE</b>	
<b>CITY-ST-ZIP</b>	<b>TRENTON FL 32693</b>	
<b>TITLE</b>	<b>CS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WESLEY, VERNON D-</b>	
<b>STREET ADDRESS</b>	<b>8752 SE 70TH AVE</b>	
<b>CITY-ST-ZIP</b>	<b>TRENTON FL 32693</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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: Vernon D. Wesley - Vernon D. Wesley 02/09/04 352-472-4471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #