

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

DOCUMENT # P00000081669

1. Entity Name  
Wesley Sanitation Inc.



06 JUN -1 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSK*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6140 S.E. 70th St.		3. Mailing Address 6140 S.E. 70th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Trenton, FL 32693	
City & State Trenton, FL		City & State Trenton, FL 32693	
Zip 32693	Country Gilchrist	Zip 32693	Country Gilchrist

CR2E034B (8/05)

4. FEI Number 59-3673591	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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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Wesley, John R.	
Street Address (P.O. Box Number is Not Acceptable) 6140 SE 70th St.	
City Trenton,	FL Zip Code 32693

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 John R. Wesley (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
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 Wesley, John R. 6140 S.E. 70th St. Trenton, FL 32693	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076244765 06/15/06--01035--024 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wesley, John R. 6140 S.E. 70th St. Trenton, FL 32693	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Wesley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #