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Secretary of State
03-02-2005 90078 027 ***155.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000019272

1. Entity Name
WESTER GROUP, INC.

20017774

Principal Place of Business	Mailing Address
[redacted] DESTIN, FL 32541 36468 Emerald Coast Pkwy Suite 6102 Destin 32541	PO BOX 1527 DESTIN, FL 32541
2. Principal Place of Business: 36468 Emerald Coast Pkwy	3. Mailing Address:
Suite, Apt. #, etc.: 6102	Suite, Apt. #, etc.:
City & State: Destin, FL	City & State:
Zip: 32541 — Country: USA	Zip: — Country:

01202005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3702346 — ☐ 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
WESTER, ROBERT 3861 INDIAN TRAIL 104 ~~PORT SAINT JOE, FL 32457~~ DESTIN, FL 32541	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] — 1-21-04 DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☑ $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	P WESTER, ROBERT M 3861 INDIAN TRAIL 104 DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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)(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: [signature] ROBERT M WESTER — 850 837 6138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #