


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90326 001 \*\*\*300.00

<b>DOCUMENT # P02000014163</b>	
1. Entity Name <b>WESLEY DUNNE &amp; ROSE INC.</b>	

Principal Place of Business <b>610 COLORADO PLACE #48 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>610 COLORADO PLACE #48 ALTAMONTE SPRINGS, FL 32714</b>
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2. Principal Place of Business <b>1469 N. New York St</b> Suite, Apt. #, etc.	3. Mailing Address <b>1469 N. New York St</b> Suite, Apt. #, etc.
City & State <b>Sanford FL</b>	City & State <b>Sanford FL</b>
Zip <b>32711</b> Country <b>USA</b>	Zip <b>32711</b> Country <b>USA</b>



02162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>90-0008939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DUNNE, JOHN 610 COLORADO PLACE #48 ALTAMONTE SPRINGS, FL 32714</b>	7. Name and Address of New Registered Agent Name <b>Richard Wesley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1469 N. New York Street</b> City <b>Sanford</b> FL Zip Code <b>32711</b>
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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.

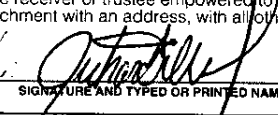
SIGNATURE:  DATE: **2/16/04**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUNNE, JOHN</b>		NAME <b>Wesley, Richard E.</b>	
STREET ADDRESS <b>610 COLORADO PLACE #48</b>		STREET ADDRESS <b>1831 Redwood Grove Terr.</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>		CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WESLEY, RICHARD W</b>		NAME <b>Dunne, JOHN</b>	
STREET ADDRESS <b>1831 REDWOOD GROVE TERR.</b>		STREET ADDRESS <b>610 COLORADO PLACE</b>	
CITY-ST-ZIP <b>LAKE MARY, FL 32746</b>		CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE <b>BENSON, LISA</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>3074 W. LAKE MARY BLVD. #132</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE MARY, FL 32746</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **2/16/04** DAYTIME PHONE: **(407) 328-9425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR