


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90055 004 \*\*\*150.00

<b>DOCUMENT # P03000089958</b> 1. Entity Name <b>WESFIELD SALES, INC.</b>					
Principal Place of Business <b>3159 NW 155TH STREET REDDICK, FL 32686 US</b>			Mailing Address <b>3159 NW 155TH STREET REDDICK, FL 32686 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMITH, ROBERT G 3159 NW 155TH STREET REDDICK, FL 32686</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ROBERT G		NAME		
STREET ADDRESS	3159 NW 155TH STREET		STREET ADDRESS		
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CHAD W		NAME		
STREET ADDRESS	12836 CTY RD 209		STREET ADDRESS		
CITY-ST-ZIP	OXFORD, FL 34484		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PEGGY		NAME		
STREET ADDRESS	PO BOX 278		STREET ADDRESS		
CITY-ST-ZIP	OXFORD, FL 34484		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SARONDA L		NAME		
STREET ADDRESS	3159 NW 155TH STREET		STREET ADDRESS		
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, MARILYN		NAME		
STREET ADDRESS	3159 NW 155TH STREET		STREET ADDRESS		
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KARIE		NAME		
STREET ADDRESS	12836 CTY RD 209		STREET ADDRESS		
CITY-ST-ZIP	OXFORD, FL 34484		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.					
<b>SIGNATURE: Marilyn Lewis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>VP-MARILYN LEWIS 3/9/04</b> <small>Date Daytime Phone #</small>		