

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089958

Entity Name: WESFIELD SALES, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

3159 NW 155TH STREET  
REDDICK, FL 32686 US

## New Principal Place of Business:

14303 NORTH MAGNOLIA AVE  
CITRA, FL 32113 US

## Current Mailing Address:

3159 NW 155TH STREET  
REDDICK, FL 32686 US

## New Mailing Address:

14303 NORTH MAGNOLIA AVE  
CITRA, FL 32113 US

FEI Number: 04-3770964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, ROBERT G  
3159 NW 155TH STREET  
REDDICK, FL 32686 US

## Name and Address of New Registered Agent:

SMITH, ROBERT G  
14303 NORTH MAGNOLIA AVE  
CITRA, FL 32113 US

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.

SIGNATURE:

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: SMITH, ROBERT G  
Address: 3159 NW 155TH STREET  
City-St-Zip: REDDICK, FL 32686

Title: T ( ) Delete  
Name: SMITH, SARONDA L  
Address: 3159 NW 155TH STREET  
City-St-Zip: REDDICK, FL 32686

Title: VP ( ) Delete  
Name: LEWIS, MARILYN  
Address: 3159 NW 155TH STREET  
City-St-Zip: REDDICK, FL 32686

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: SMITH, ROBERT G  
Address: 14303 NORTH MAGNOLIA AVE  
City-St-Zip: CITRA, FL 32113

Title: T (X) Change ( ) Addition  
Name: SMITH, SARONDA L  
Address: 14303 NORTH MAGNOLIA AVE  
City-St-Zip: CITRA, FL 32113

Title: VP (X) Change ( ) Addition  
Name: LEWIS, MARILYN  
Address: 14303 NORTH MAGNOLIA AVE  
City-St-Zip: CITRA, FL 32113

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN LEWIS

VP

04/04/2005

Electronic Signature of Signing Officer or Director

Date