2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# P03000123555

Entity Name: THE WESCOTT CORPORATION

Current Principal Place of Business:

219 LAKEVIEW DR.
SANFORD, FL 32773

New Principal Place of Business:

1835 OAK HAVEN PLANTAITION RD
OSTEEN, FL 32764

Current Mailing Address:

116 TIPPERARY DR.
LAKE MARY, FL 32746

New Mailing Address:

1835 OAK HAVEN PLANTAION RD
OSTEEN, FL 32764

FEI Number: 06-1713022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESCOTT, YVONNE C
116 TIPPERARY DR.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

WESCOTT, YVONNE C
1835 OAK HAVEN PLANTATION RD
OSTEEN, FL 32764 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: _____ 03/15/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: WESCOTT, KERRY J
Address: 116 TIPPERARY DR.
City-St-Zip: LAKE MARY, FL 32746

Title: EVP ( ) Delete
Name: WESCOTT, YVONNE C
Address: 116 TIPPERARY DR.
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WESCOTT, KERRY J
Address: 1835 OAK HAVEN PLANTAION RD
City-St-Zip: OSTEEN, FL 32764

Title: VP (X) Change ( ) Addition
Name: WESCOTT, YVONNE C
Address: 1835 OAK HAVEN PLANTAION RD
City-St-Zip: OSTEEN, FL 32764

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: YVONNE WESCOTT VP 03/15/2005
Electronic Signature of Signing Officer or Director — Date