## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 15, 2007 8:00 am Secretary of State

DOCUMENT # P03000154597  1. Entity Name WESLEY'S PATIO ROOMS, INC.					05-15-2007 90007 036 ***150.00				
Principal Plac	ce of Business	Mailing Address	L						
UNIT 345 UNIT 345			JOHNS BLUFF ROAD SOUTH ILLE, FL 32224			 Bird ind edili edili ûû:	<b>1</b> 5 J <b>erus A</b> nni <b>C</b> ar	<b>i 6</b> i <b>6</b> i 11 i 12 i 14 i 15 i 16	I <b>GB</b> I 17 I <b>BB</b> I
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Number		83663		plied For t Applicable
Zip Country		Zip Coun		ту	-82-0586321 58-2683663 Not Applic  5. Certificate of Status Desired See Required  \$8.75 Additional Fee Required			itional	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R		·	
WESLEY, DAVID R			Ì	Name					
	JOHNS BLUFF ROAD SOUTH	1		Street Address	(P.O. Box Number	is Not Acceptable	) 		
JACKSONVILLE, FL 32224									
			[	City			FL	Zip Code	9
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	registered	d office or registe	red agent, or both	, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				Agent signature require	d when reinstating)		DATE		
2.5	9	,,,,,		•				<del></del>	
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees				
10.	OFFICEDO AND	ľ							
	UFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
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NAME	D	☐ Delete	TITLE NAME		ADDITIONS/C	HANGES TO OFFI	CERS AND		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 application of the corporation of the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

924-626-5850 Daytime Prone 8