


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90303 005 ***150.00

DOCUMENT # P04000154512	
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1. Entity Name
WESCOM REALTY, INC.

Principal Place of Business
**9446 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256**

Mailing Address
**9446 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005

Chg-P

CR2E034 (10/03)

4. FEI Number

56-249 1614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WESCOM PRODUCTS FOR HEALTHCARE, INC.
9446 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, CHARLES E	
STREET ADDRESS	11686 BLACKSTONE RIVER DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, CHARLES E	
STREET ADDRESS	11686 BLACKSTONE RIVER DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	VP	<input type="checkbox"/> Delete
NAME	LANE, CLIFFORD G	
STREET ADDRESS	4149 BRIDGEVILLE PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, CHARLES E	
STREET ADDRESS	11686 BLACKSTONE RIVER DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	T	<input type="checkbox"/> Delete
NAME	DAPHNE VALERIE, BELL	
STREET ADDRESS	11686 BLACKSTONE RIVER DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

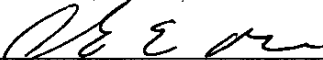
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-05

Date

904-260-6334

Daytime Phone #