

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 049 \*\*\*150.00

DOCUMENT # P04000154513

1. Entity Name  
WESCOM MIDATLANTIC, INC.



Principal Place of Business  
9446 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

Mailing Address  
9446 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

40027725



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 ☐ Delete  
NAME BELL, CHARLES E  
STREET ADDRESS 11686 BLACKSTONE RIVER DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE P ☐ Delete  
NAME BELL, CHARLES E  
STREET ADDRESS 11686 BLACKSTONE RIVER DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☐ Delete  
NAME LANE, CLIFFORD G  
STREET ADDRESS 4149 BRIDGEVILLE PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE S ☐ Delete  
NAME BELL, CHARLES E  
STREET ADDRESS 11686 BLACKSTONE RIVER DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☐ Delete  
NAME DAPHNE VALERIE, BELL  
STREET ADDRESS 11686 BLACKSTONE RIVER DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

04-14-05

904-260-6334