

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 008 ***158.75

DOCUMENT # P04000160369

1. Entity Name
WEPA INC.



Principal Place of Business
**4209 1/2 DIXIE HWY
WEST PALM BEACH, FL 33405**

Mailing Address
**4209 1/2 DIXIE HWY
WEST PALM BEACH, FL 33405**



2. Principal Place of Business

3. Mailing Address

06302005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

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

**MONTANEZ, WANDA I
4209 1/2 S DIXIE HWY
WEST PALM BEACH, FL 33405**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MONTANEZ, WANDA**
STREET ADDRESS **4209 1/2 S DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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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

ATTACHMENT

14018494

#P04-000160369



WEPA INC. p.o.box 6684 west palm beach, FL 33405

July 5/05


Florida Dept of State
Division of Corporations.

To whom it may concern,

I have enclosed an annual report for WEPA Inc.
and requested a Certificate of Status.

I did not receive prior notice, therefore
do not feel I am intended to pay a late
fee of \$400.00. Please find enclosed a check
for the \$150 annual report and an additional
\$8.75 for a Certificate of Status.

Thank you for your time in this matter.

Sincerely, 

P04000160369
WEPA INC.