

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000169330

1. Entity Name  
WESCAR MAGNOLIA, INC.



Principal Place of Business  
195 INTERNATIONAL PARKWAY  
HEATHROW, FL 32746

Mailing Address  
195 INTERNATIONAL PARKWAY  
HEATHROW, FL 32746

FILED

2007 MAR 27 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2039956

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GEYS, LOUIS  
195 INTERNATIONAL PARKWAY  
HEATHROW, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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  
NAME GEYS, LOUIS  
STREET ADDRESS 195 INTERNATIONAL PARKWAY  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE VP  
NAME GEYS, WESLEY  
STREET ADDRESS 195 INTERNATIONAL PARKWAY  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE VP  
NAME GEYS, MARINA  
STREET ADDRESS 195 INTERNATIONAL PARKWAY  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400095906434  
04/05/07--01043--018 \*\*1450.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/07