
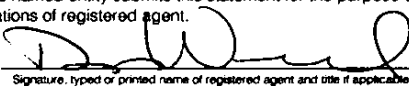
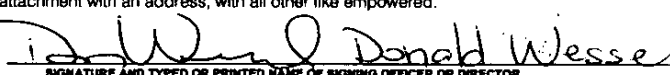


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90001 044 ***150.00

DOCUMENT # P06000093855 1. Entity Name DONALD WESSEL, INC.			
Principal Place of Business 1795 COGSWELL ST. #9&10 ROCKLEDGE, FL 32955		Mailing Address 1795 COGSWELL ST. #9&10 ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # 1795 Cogswell St Suite, Apt. #, etc. #9 + #10		3. Mailing Address 1795 Cogswell St Suite, Apt. #, etc. #9 + #10	
City & State Rockledge Florida		City & State Rockledge, Fla	
Zip 32955		Zip 32955	
Country U.S.A.		Country USA	
4. FEI Number 56-2591204		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESSEL, DONALD 1795 COGSWELL ST. #9&10 ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name Donald Wessel Street Address (P.O. Box Number is Not Acceptable) 1795 Cogswell St Rockledge Florida City FL Zip Code 32955	
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  DATE Aug 28 07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME WESSEL, DONALD	<input type="checkbox"/> Delete	
STREET ADDRESS 1795 COGSWELL ST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP ROCKLEDGE, FL 32955			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
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: 		DATE: Aug 28 07 321 412 1016	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	