2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000057019

1. Entity Name
WESTYE GROUP - SOUTHEAST, INC.

Principal Place of Business	Mailing Address
9777 SATELLITE BLVD. STE. #200 ORLANDO, FL 32837	9777 SATELLITE BLVD. STE. #200 ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
39-1826999
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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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: _____ 7/2/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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
TITLE	C
NAME	BAKKE, JAMES J
STREET ADDRESS	4717 HAMMERSLEY RD.
CITY-ST-ZIP	MADISON, WI 53711
TITLE	T
NAME	SWARTZ, DEBORAH B
STREET ADDRESS	4717 HAMMERSLEY RD.
CITY-ST-ZIP	MADISON, WI 53711
TITLE	S
NAME	BAKKE, HELEN
STREET ADDRESS	4717 HAMMERSLEY RD.
CITY-ST-ZIP	MADISON, WI 53711
TITLE	P
NAME	DONLIN, JAMES A
STREET ADDRESS	303 RUNNING WIND LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	AS
NAME	RAGATZ, THOMAS G
STREET ADDRESS	150 E. GILMAN ST.
CITY-ST-ZIP	MADISON, WI 53701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/04-80018-008 150.00

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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: _____ JAMES A. DONLIN 7/2/04 407-657-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #