

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2005 90121 011 ***550.00

DOCUMENT # P95000057019 1. Entity Name WESTYE GROUP - SOUTHEAST, INC.	
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Principal Place of Business 9777 SATELLITE BLVD. STE. #200 ORLANDO, FL 32837	Mailing Address 9777 SATELLITE BLVD. STE. #200 ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE



07062005 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

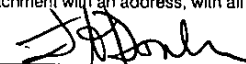
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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** 7/6/05 407 857-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #