## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P95000057019



**FILED** Jun 26, 2006 8:00 am Secretary of State 06-26-2006 90002 001 \*\*\*550.00

| 1. Entity Name WESTYE GROUP - SOUTHEAST, INC.   |                       |  |  |                                   |  |           |   | 00-20-       | 2000 700            | 502 001          | 330.0                             | O .                       |  |
|---|-----------------------|--|--|-----------------------------------|--|-----------|---|--------------|---------------------|------------------|-----------------------------------|---------------------------|--|
| Principal Plac<br>9777 SATEL<br>STE. #200<br>ORLANDO, F   | LITE BLVD.<br>L 32837 |  | Mailing Address 9777 SATELLITE BLVD. STE. #200 ORLANDO, FL 32837 |                                   |  |           |   |              |                     |                  |                                   |                           |  |
| 2. Principal Place of Business  |                       |  | 3. Mailing Address   |                                   |  |           |   |              |                     |                  |                                   |                           |  |
| Suite, Apt. #, etc.   |                       |  | Suite, Apt. #, etc.  |                                   |  |           | 06212006  | Chg          | -P                  | CR2E03           | 4 (11/05)                         |                           |  |
| City & State  |                       |  | City & State   |                                   |  |           | 4. FEI Numb   |              |                     |                  | <del></del>                       | plied For<br>t Applicable |  |
| Zip   | p Country             |  | Zip  | Countr                            | У  |           | 5. Certificate of Status Desired  |              |                     |                  | \$8.75 Additional<br>Fee Required |                           |  |
|   | 6. Name               | and Address of Current                   | Registered Agent   | jistered Agent                    |  |           | 7. Name and Address of New Registered Agent   |              |                     |                  |                                   |                           |  |
|   |                       |  |  |                                   |  | Name      |   |              |                     |                  |                                   |                           |  |
| F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300  |                       |  |  |                                   | Street Address (P.O. Box Number is Not Acceptable) |           |   |              |                     |                  |                                   |                           |  |
| JACKSON   | VILLE, FL             | 32202                                    |  | -                                 | City   |           |   |              |                     |                  | Zip Code                          | ,                         |  |
| The above named entity submits this statement for the purpose of changing its registers.  |                       |  |  |                                   |  | registere | ed agent or bo  | ith in the S | State of Flori      | FL<br>ida Lam fa | '                                 |                           |  |
| 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 6, 2006  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  |                       |  |  |                                   |  |           |   |              |                     |                  |                                   |                           |  |
| 10.   |                       | OFFICERS AND                             | DIRECTORS  | 11.                               |  |           | ADDITIONS   | /CHANGE      | S TO OFFIC          | CERS AND I       | DIRECTORS                         | IN 11                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                       | AMES J<br>MERSLEY RD.<br>, WI 53711      | ☐ Delete   | NAME<br>STREET<br>CITY-S          | T ADDRESS  |           |   |              |                     |                  | ☐ Change                          | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 4717 HAM              | DEBORAH B<br>MERSLEY RD.<br>, WI 53711   | ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP                                |           |   |              |                     |                  | ☐ Change                          | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                       | ELEN<br>MERSLEY RD.<br>, WI 53711        | ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP                                |           |   | · ·          |                     |                  | ☐ Change                          | Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | I                     | IAMES A<br>IING WIND LANE<br>), FL 32751 | Delete   | TITLE<br>NAME<br>STREET<br>CITY-S |  | 30h       | ident<br>in Ber<br>7 Satel<br>Arbo  | ggui<br>FL   | st<br>31vd 1<br>328 | tros             | ☐ Change                          | Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 E. GIL            | THOMAS G<br>MAN ST.<br>, WI 53701        | ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S |  |           |   |              |                     |                  | ☐ Change                          | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                       |  | Delete .   | CITY-S                            | ST-ZIP   | OK        | PRESITORGE M<br>PRESITORGE M<br>PARESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESITORGE<br>PRESIT | <u> 7</u>    |                     | 3283             |                                   | Addition                  |  |
| 12. I nereby  | certify that the      | intormation supplied with                | this filing does not qualify fo                                  | r the exer                        | mptions co   | ontained  | in Chapter 11   | 9, Florida : | Statutes. I fi      | urther certif    | y that the in                     | tormation                 |  |

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: \_

- GEORGE MA