2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

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	W-10	
DOCUMENT	# P95000097397	

1. Entity Name

WEDGEFIELD CENTRE, INC.



Principal Place of Business

20751 S.R. 520 ORLANDO, FL 32833 Mailing Address

2336 S EAST OCEAN BLVD #366 STUART, FL 34996



DO NOT WRITE IN THIS SPACE

eo a	E 4 1 1/2 1
65-0640172	Not Applicable
4. FEI Number	Applied For

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

6. Name and Address of Current Registered Agent DIAVE CEDALDE

No Chg-P

01072004

2336 S. EAST OCEAN BLVD ., #366 STUART, FL 34996			IN THIS SPACE		
the obligati	named entity submits this statement for the p ions of registered agent.	urpose of changing its regi	stered office or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Reg	stered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT BLAKE, GERALD F 2336 S. EAST OCEAN BLVD #366 STUART, FL 34996				1000000107129 04/09/04-80002-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, GERALD F 2336 S. EAST OCEAN BLVD ., #366 STUART, FL 34996			# 10 mm 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					(i) Florida Statutas further certify that the information

coming that the information of the receiver or trustee empowered to execute this required by Chapter 607, Florida Statutes, if 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.

S	GN	ATI	IR	E:

Gerald F

Gerald F. Blake

4/5/2004

772-463-1009

Daytima Phone #