



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000008877 1. Entity Name WEFK, INC.	
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Principal Place of Business 4045 FOWLER ST FT MYERS, FL 33907	Mailing Address 4045 FOWLER ST FT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

	
07132004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 65-0642888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 / additional Fee Required

6. Name and Address of Current Registered Agent CARY, DAVID W 1325-C DEL PRADO BLVD S CAPE CODE, FL 33990	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature typed or printed (along with name of agent) and date if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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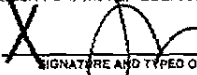
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(1), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LLEWELLYN, JAMES 1325-C DEL PRADO BLVD. CAPE CORAL, FL 33990
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08/02/04-80005-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  <u>James Llewellyn</u>	Date: <u>7-26-07</u>	Daytime Phone #: <u>238-936 7167</u>
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