

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90083 017 \*\*\*150.00

**DOCUMENT # P96000014956**

1. Entity Name  
WESSEL HOME IMPROVEMENT, INC.



Principal Place of Business

2621 FAIRFIELD AVE S  
SAINT PETERSBURG, FL 33712

← SAME →

Mailing Address

2621 FAIRFIELD AVE S  
SAINT PETERSBURG, FL 33712

ELIMINATE "U" IN FRONT  
OF 2621 IN MAILING  
ADDRESS.  
PRINCIPAL = MAILING



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3373199

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BERKOFF, DOUGLAS A  
2977 ATWOOD DR.  
CLEARWATER, FL 33761

**DO NOT WRITE  
IN THIS SPACE**

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

2/16/2007

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WESSEL, MARK
STREET ADDRESS	4025 1ST AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VP
NAME	WESSEL, JAMES C
STREET ADDRESS	2837 39TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	ST
NAME	WESSEL, PATSEY Y
STREET ADDRESS	315 13TH AVE N.E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	VP
NAME	WESSEL, JAMES R
STREET ADDRESS	315 13TH AVE N.E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/07 (727) 323-3300