

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000033744

1. Entity Name
WE, INC.



Principal Place of Business
**300 WILSHIRE BLVD
STE 205
CASSELBERRY, FL 32707 US**

Mailing Address
**300 WILSHIRE BLVD
STE 205
CASSELBERRY, FL 32707 US**



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3374021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OSWALD, KENNETH F
600 COURTLAND ST
STE 110
ORLANDO, FL 32804**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLIS, CHARLES P
STREET ADDRESS	900 S. LAKE STERLING CT.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VD
NAME	EARLEY, HUBERT R
STREET ADDRESS	337 N FERN CREEK CT
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	STD
NAME	EARLEY, THORPE J
STREET ADDRESS	337 N FERN CREEK CT
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000331295
04/26/05-80011-012 150.00

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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)(f), 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:

Charles P. Wallis **CHARLES P. WALLIS, Pres.** 4/22/05 407-831-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #