

2005 FOR PROFIT CORPORATION ANNUAL REPORT

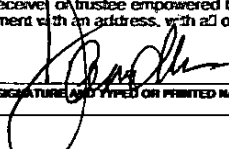
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May 03, 2005 8:00 am
Secretary of State

05-03-2005 90164 037 ***150.00

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000007527			
1. Entity Name WESCHMARK CORPORATION			
Principal Place of Business 1636 ROOSEVELT BLVD DAYTONA BEACH, FL 32124 US		Mailing Address 1636 ROOSEVELT BLVD DAYTONA BEACH, FL 32124 US	
2. Principal Place of Business 1636 ROOSEVELT BLVD		3. Mailing Address 1636 ROOSEVELT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAYTONA BCH, FL		City & State DAYTONA BCH, FL	
Zip 32124	Country	Zip 32124	Country
4. FEI Number 59-3485748		App'd For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESCHE, JAMES A 1636 ROOSEVELT BLVD DAYTONA BEACH, FL 32124		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when withdrawing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESCHE, JAMES A 1636 ROOSEVELT BLVD DAYTONA BEACH, FL 32124 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMER, TINA 544 LOCUST DT PORT ORANGE, FL 32127 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S L'Amie, Crystal 919 Valencia Road South Daytona, FL 32119 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		04/29/05 386-527-1185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	