

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 001 ***150.00

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1. Entity Name
WES CONSULTING, INC.



Principal Place of Business
**492 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**492 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785**

54060800



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3581576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SNELL, BETTE
200 LAKE AVE
LARGO, FL 33771**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SNELL, WILLIAM E JR.
STREET ADDRESS 492 HARBOR DR N
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

TITLE STD
NAME SNELL, ALLISON B
STREET ADDRESS 492 HARBOR DR N
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE **PRESIDENT**
NAME **WILLIAM E. SNELL SR.**
STREET ADDRESS **492 HARBOR DR N**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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

Wm. E. Snell Sr. WILLIAM E. SNELL SR 7-6-04 727-596-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #