2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023916

1. Entity Name
WES REAL ESTATE, INC.

Principal Place of Business	Mailing Address
28570 OVERSEAS HWY MM 28.5 LITTLE TORCH KEY, FL 33042	28570 OVERSEAS HWY MM 28.5 LITTLE TORCH KEY, FL 33042

DO NOT WRITE IN THIS SPACE

04042005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0916616		Not Applicable

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

6. Name and Address of Current Registered Agent

SEWELL, RICHARD D
28570 OVERSEAS HWY MM 28-5
LITTLE TORCH KEY, FL 33042

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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 _____

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	STP
NAME	SEWELL, RICHARD D
STREET ADDRESS	29447 ENTERPRISE AVENUE
CITY ST ZIP	BIG PINE KEY, FL 33043

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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NAME	
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STREET ADDRESS	
CITY ST ZIP	

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04/14/05-80103-007 150.00

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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: *Richard D. Sewell*   4-4-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #