

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S79041

1. Entity Name
WESCAR MANAGEMENT, INC.



Principal Place of Business
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746 US

Mailing Address
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746 US

FILED

2007 MAR 27 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3093040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOUIS GEYS
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WESLEY, GEYS
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GEYS, MARINA
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700095906407
04/05/07--01043--018 **1450.00

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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 #

3/30/07