

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 06, 2006  
Secretary of State

DOCUMENT# 724994

Entity Name: 440 WEST, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-1803782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: WILLARD, GILLIAN  
Address: 440 S GULFVIEW BLVD #807 N  
City-St-Zip: CLEARWATER, FL 33767

Title: PD ( ) Delete  
Name: WHITE, FRED  
Address: 440 S GULFVIEW BLVD #1406N  
City-St-Zip: CLEARWATER, FL 33767

Title: VPD ( ) Delete  
Name: LAPOINTE, NORMAND  
Address: 450 S. GULFVIEW BLVD. #301  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: SCHAFF, MICHAEL  
Address: 440 S. GULFVIEW BLVD. #506  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: WEEDEN, SAM  
Address: 440 S GULFVIEW BLVD., #703N  
City-St-Zip: CLEARWATER, FL 33767

Title: TD ( ) Delete  
Name: THOMAS, FRANKLIN  
Address: 8364 GOLDEN PRAIRIE DRIVE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED WHITE

PD

03/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date