


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # K56184 1. Entity Name WEST OF EDEN, INC.	
--	---

Principal Place of Business 824 N. HIGHLAND AVE. ORLANDO, FL 32803	Mailing Address 824 N. HIGHLAND AVE. ORLANDO, FL 32803
--	--



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2929949	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent WALTER N. CARPENTER, JR. 824 N. HIGHLAND AVE. ORLANDO, FL 32803
--

**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
After May 1, 2006 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	D EVANS, ARTHUR F. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, CHARLES WM. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DAVID L. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JOHN W., JR. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, WALTER N., JR. 824 N. HIGHLAND AVENUE ORLANDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000005306G1
05/06/06-80007-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/20/06 407648 2199
Date Daytime Phone #