


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90354 032 ***150.00

DOCUMENT # K99894

1. Entity Name
WEST GULF INVESTMENTS, INC.



Principal Place of Business
% JEREMIAH A HUBBARD
520 SE 8 AVE
CRYSTAL RIVER, FL 34429

Mailing Address
PO BOX 875
CRYSTAL RIVER, FL 34423-0875

2. Principal Place of Business
2631-A^{NW} 41st ST

3. Mailing Address
2631-A^{NW} 41st ST

Suite, Apt. #, etc.

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

Zip
32606

Country
US

40073440



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2960073

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUBBARD, JEREMIAH A.
520 SE 8 AVE
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2631-A 41st ST

City **GAINESVILLE** FL Zip Code **32606**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	HUBBARD, JEREMIAH A 520 SE 8 AVE CRYSTAL RIVER, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	STALCUP, WILLIAM J., II 520 SE 8 AVE CRYSTAL RIVER, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	HUBBARD, TANA W. 520 SE 8 AVE CRYSTAL RIVER, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	STALCUP, VICTORIA A. 520 SE 8 AVE CRYSTAL RIVER, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Tana W. Hubbard** 4/26/06 352-373-9140

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