


cert. 7005 1820 0004 3210 7187

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # K99894 1. Entity Name WEST GULF INVESTMENTS, INC. |  |
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| Principal Place of Business 2631-A NW 41ST STREET GAINESVILLE, FL 32606 | Mailing Address 2631-A NW 41ST STREET GAINESVILLE, FL 32606 |
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2960073 | 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

HUBBARD, JEREMIAH A.
2631-A NW 41ST STREET
GAINESVILLE, FL 32606

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000945965
05/30/08-80029-016 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUBBARD, JEREMIAH A 2631-A NW 41ST STREET GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STALCUP, WILLIAM J., II 2631-A NW 41ST STREET GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUBBARD, TANA W. 2631-A NW 41ST STREET GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STALCUP, VICTORIA A. 2631-A NW 41ST STREET GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  Tana W. Hubbard 4/28/08 (352) 795-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #