

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057076

FILED
Jan 12, 2006
Secretary of State

Entity Name: COUNTY WEST CONTRACTORS, INC.

Current Principal Place of Business:

PO BOX 880385
PORT ST LUCIE, FL 34988

New Principal Place of Business:

Current Mailing Address:

PO BOX 880385
PORT ST LUCIE, FL 34988

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVE
1718 SW OCEAN COVE AVE
PORT ST LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SMITH, STEVE
Address: 1718 SW OCEAN COVE AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: PRES () Delete
Name: SMITH, STEPHEN M MR
Address: 1718 SW OCEAN COVE AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN SMITH

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

Date